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MEDICOLEGAL ASPECTS

OF

MORAL OFFENSES

BY

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PREFACE.

THE basis of Dr. Thoinot's book, "Attentats aux Mœurs et Perversions du Sens génital," was a course of lectures that he delivered to the students at the Medical School of Paris. He states their object in his preface as follows:—

"They are merely intended to bring certain subjects up to date and to create familiarity with others. To bring up to date the whole question of moral offenses, some parts of which have taken on a singularly different aspect since Tardieu's classical and original work, and to create familiarity with the whole question of the perversions of the sexual instinct, a question almost denied yesterday, and still unknown to the majority of physicians and students despite its triple interest, clinical, psychological and medicolegal."

Several motives influenced me in undertaking the translation of this work,—a privilege that Dr. Thoinot immediately accorded me when I broached the matter to him, and for which satisfactory arrangements were later made with the French publishers.

My first reading of the book in French impressed me with the author's remarkable clearness of thought and admirably scientific method of handling a subject that is so difficult for all of us to free from preconceived opinions.

I have been further impressed, in looking over the several excellent treatises on legal medicine that we possess in English, with the fact that the subject of sexual offenses is treated in most cases in a rather limited space (necessarily so, doubtless, in so large a subject as legal medicine), and chiefly by the statement of rather bare principles (for lack of space or other equally good reasons), and so the treatment has lost in pedagogic value as well as in serving for precise information for professional practitioners. It is precisely along this line that Dr. Thoinot's book is particularly admirable. He might

almost be said to have employed the "case method" of teaching now used in some of our leading law schools and in medical schools. His principles, his deductions, are all based on actual, cited cases, and this method of treating the subject has, in addition to its pedagogic value, the great virtue of lending human interest to dry principles. Many of his cases are new, either from the practice of his colleagues or his own, and in the second part of the book, that devoted to the sexual perversions, his use of the term "retarded" in place of "acquired" in the case of inversion, etc., marks a distinct advance over the older conception of these anomalies, and draws the line still more sharply between perversion and perversity.

This latter point is of cardinal importance, and, as Dr. Thoinot points out in Chapter XIII, the physician has at last taken up the study of inversion as he has that of other morbid or pathological conditions, and the invert today may be sure of a considerate study of his case on the part of a physician familiar with the subject.

I was further impelled to undertake this translation by a desire to make the American profession more familiar with some of the admirable methods of our French colleagues. I was greatly impressed with the finished style of the lectures of the professors in the Medical School of Paris when I was a student there a number of years ago, and it was then that I acquired my first acquaintance with the subject of legal medicine. It cannot be denied that the medicolegal expert in France is held in higher consideration by the courts than is the medical expert in our own country in many cases. And I believe that the insight into the painstaking methods of the French experts that may be gained from Dr. Thoinot's book will be of great value in aiding the American student to raise the standard of expert testimony here, while I have further hopes that an acquaintance with the facts set forth in this book may be of material value to members of the legal profession in dealing with cases that must often seem incomprehensible to them.

I may add that I shall be glad to receive communications, especially of illustrative cases, on any of the subjects treated in this book, as such cases are always of value in further study

and in extending the bounds of our concepts in a new field of research. I take great pleasure in expressing my indebtedness to my friend, Mr. Everett N. Curtis, S.B., LL.B., a member of the Massachusetts bar and a practising attorney here in Boston, who has given me advice on the legal aspects of the book and kindly read in manuscript the Appendix that I have written to Chapter I, on the laws in the United States, making valuable suggestions.

I have endeavored to make the book conform as closely as possible to the form of the original French. The italics throughout are the same as in the original. The only changes that I have intentionally made have been to run some paragraphs together, thus reducing the number and making them more in conformity with English usage (no part of the text has been omitted, however); and to drop the lecture form of address, "Gentlemen," that appeared at the beginning of each chapter; in conformity with this I have also in some cases dropped the personal form of address in the text, but have retained it in other places where it seemed to add force. Such footnotes as it seemed to me wise to add I have marked with my initials in all cases, so as not to detract from the unity of Dr. Thoinot's work. It should be said, finally, that the illustrations are found only in this English edition, and the same is true of the index.

A. W. WEYSSE.

Boston University, Boston, Mass.

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"The foundation of this chapter is the commonly accepted truth that upon religion, morals, and education society and the State itself rest. Consequently within practical limits, yet not to the full extent which mere theory might indicate, the law protects them, and holds to be indictable acts wrongfully committed to their detriment."

JOEL PRENTISS BISHOP,
"New Commentaries on the Criminal Law,"
8th edit., vol. I, chap. xxxvi, p. 302.

CHAPTER I.

Outline of the subject to be treated, which will include moral offenses and perversions of the sexual instinct.

Moral offenses are, according to the French Code: rape, indecent assault and public offense against decency.—Punishments established by the law.

Definition of rape, of indecent assault and of public offense against decency: nature and limitations of the intervention of the expert in these matters.

Preliminary considerations on rape and on indecent assault.—Frequency of this crime.—Their distribution according to territory and seasons.—The victims are usually children.—Criminality increases with age, and old men prefer children.—The criminal and his victim are often near relatives.—Negative influence of education.

Appendix on the American laws.

IN this book we shall take up two questions of great interest in legal medicine: Offenses Against Morals, and Perversions of the Sexual Instinct. We shall study them in succession beginning with

OFFENSES AGAINST MORALS.

What do we mean by *offenses against morals?* The French law recognizes and punishes three varieties of *moral offenses,* and they are:—

1. PUBLIC OFFENSES AGAINST DECENCY.
2. INDECENT ASSAULTS.
3. RAPE.

Before investigating the significance of these terms let us see how the French Code punishes these acts.[1] A *public*

[1] The reader who wishes to become acquainted with the foreign legislative acts relating to moral offenses will find a satisfactory account in the thesis of Dr. P. Bernard (of Lyons): *les Attentats à la pudeur sur les petites filles,* 1886, O. Doin, publisher. We think it unnecessary to give that account here, as it belongs much more to the legal than to the medical profession.

offense against decency is punished by from three months to two years' imprisonment, and a fine of from 16 to 200 francs (Art. 330). The punishments applicable to *indecent assault* vary according as the assault is committed *with* or *without* force, and according to the *age* of the victim. If it is committed *without force* on children under thirteen years of age, the punishment is *imprisonment* (Art. 331). If it is committed *with force*:—

1. On individuals less than fifteen years old, the penalty is *hard labor for a term of years* (Art. 332).

2. On individuals over fifteen years old, it is *imprisonment* (Art. 332).

Rape, if it is committed on individuals under fifteen years of age, is punished by the *maximum of hard labor for a term of years;* and if it is committed on individuals over that age by *hard labor for a term of years* (Art. 332). But this is not all; the Code provides for *increase of the penalty* according to the relationship which exists between the guilty person and the victim. If the criminal is a *near relative* of his victim, or if he is a *person having authority over her,* etc. . . . the penalty becomes greater and it is easy to understand what feelings have guided the legislator.[2]

We must now define these three terms: public offense against decency, indecent assault, and rape, and indicate at least briefly the nature and the limitations of the intervention of the medicolegal expert in each of these misdemeanors or crimes.

A. What is a *public offense against decency?* The following examples will show: A man and woman perform the act of *coitus:* the act is desired and consented to by both persons; there is, consequently, *no force* used, *but* it is performed in a *public place* or at least in such a way that the two participants can be *seen:* this is a public offense against decency. One individual performs on another, who fully consents to

[2] Article 333 runs thus: "If the criminals are near relatives of the person on whom the assault has been committed, if they belong to the class of those who have authority over her; if they are her preceptors or her paid servants or servants paid by persons named above; if they are functionaries or ministers of a cult. . . ."

it, however, an act of *pederasty* (anal coitus) under the same conditions of *publicity:* here again is clearly a public offense against decency. An individual of either sex *exhibits* his or her genital organs in public; an individual of either sex indulges publicly in acts of *masturbation;* these same acts of *masturbation* are practised in public by one individual on another and with the consent of the latter; all these are so many cases of *public offenses against decency.*

In short, if you wish a concrete definition, the following, taken from Briand and Chaudé and based on decrees of the Court of Appeals (March 26, 1813, and July 5, 1838), seems the clearest: "The offenses against decency, prevised and punished by Article 330, are those which, not having been accompanied by force or constraint, could not offend the modesty of the person on whom the indecent acts may have been committed, but which, by their license and their publicity, have been or could have been the occasion of a public scandal for the modesty and the decency of those who by chance could have been witnesses of them."

Briand and Chaudé, commenting on this definition, say in a very happy fashion: "A public offense against decency, in order to be punished, must consist then in an act of such a nature as to *offend decency;* it must be the act of a culpable *intention* or a culpable *negligence;* it must finally possess the character of *publicity.*" The character of *publicity* has given rise to the most diverse interpretations; but this is not the place to enter upon a description of a purely judicial character. Those interested in this question will find all the desired information in the treatise of Briand and Chaudé (p. 100 *et seq.*).[3]

[3] This point has also been discussed in our own courts in distinguishing between "open" and "public." Thus, in the report of C. v. Wardell, 128 Mass. 52, 1880, we find: "An indictment on the Gen. Sts. c. 165, sec. 6, for 'open and gross lewdness and lascivious behavior,' is supported by proof that a man intentionally and indecently exposed his person, without necessity or reasonable excuse therefor, in the house of another, to a girl eleven years old. . . . The statute punishes, not public, but open lewdness. The word 'open' qualifies the intention of the perpetrator of the act; it does not fairly imply that it must be public, in the sense of being in a public place, or in the presence of

We now know what a *public offense against decency* is. What is the rôle of the expert physician in cases of this sort? It is, to tell the truth, very limited. The physician cannot be consulted as to whether a misdemeanor has been committed; that must be ascertained from testimonies made by such and such witnesses, and whose value can be determined only by the court. What will be asked of the physician is to state whether the defendant is *responsible*—whether he is in the full enjoyment of his mental faculties. He will be asked also to state whether such and such an excuse that the defendant alleges to exculpate himself, an excuse, for example, of some local pathological condition, is a real one. We shall see in fact later that more than one individual arrested for a public offense against decency does not deny the act itself,—that he invokes as an excuse the suffering caused by some disease of the bladder, by hemorrhoids, etc. On the expert physician devolves the rôle of instructing the court as to the value of this excuse.

B. Article 332 of the Penal Code, which relates to *rape*, gives no definition of it, but different decrees of the Court of Appeals have clearly defined the significance of the term. Rape, in two words, is the *possession of a woman, whether a virgin or already deflowered, without her consent.* To rape a woman, then, is to possess her by force; but it is also to possess her *without force* by using deceit or *surprise*, or by taking advantage of her sleep, either natural or artificial; by

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many people. The offense created does not depend on the number present. It is enough if it be an intentional act of lewd exposure, offensive to one or more persons present. To hold otherwise would be to hold that one might commit with impunity any act of indecency, however gross, before any number of individuals successively. The fact that the act in a given case was intended as an act of open lewdness is most commonly proved, it is true, by evidence that it occurred in a public place, or in the presence of many people; but it does not follow that the intentionally open and immodest character of the act may not be equally well proved by other evidence. An indecent act cannot well be public in its character without being open and immodest, and yet it may have both these latter qualities without being in any sense public in its manifestations. In the language of the statute, the word 'open' is used as opposed to 'secret.' "—A. W. W.

profiting, in short, by the fact that she is naturally or artificially *beyond the possibility of resisting.*

The rôle of the expert physician is much more extensive in cases of rape than in cases of public offenses against decency. The physician alone can say whether coitus has or has not been accomplished; he alone, in fact, can recognize the material signs left by that act. Again, the physician alone can say whether a woman has been put to sleep artificially or not, and whether she could or could not experience coitus without being conscious of it, etc. The expert physician may, further, as in all other cases of moral offenses, be called upon to examine the mental condition of the defendant.

C. By the name *indecent assault* is designated every act performed on a person with a view to offending his sense of decency and of a nature to produce that effect. It is clear from this definition that the field of indecent assault is vast; to be sure the expert physician is not called upon to interfere in all cases. There is a whole category of indecent assaults for which he will not be consulted; there is one category of cases, on the contrary, where his intervention is necessarily demanded.

Let us take some examples to fix in mind the principal types of indecent assault. Some workmen forcibly strip one of their comrades of his clothing and proceed to examine his sexual organs; here is a clearly characterized misdemeanor of the nature of an indecent assault, but the intervention of the expert physician is not called into requisition there. Some individuals lift up the clothing of a young girl as far as her waist and leave her in that condition; here, again, is indecent assault in the legal sense of the word, but the expert physician clearly has nothing to do with it.

But there are other cases from current practice that interest us more closely. They are cases of *manipulations*—with or without force according to the circumstances—practised in a great variety of ways on the genital organs of persons of both sexes, children and adults. The commonest case is that of *manipulations practised on the genital organs of girls or women* by an individual of the male sex. The manipulation is made by means of the *finger,* or the *penis,* or *some other*

body. The difference between an indecent assault committed by means of the penis and rape is, that in the latter act there is *intromission of the virile member,* there is *possession* of the woman, and this does not take place in indecent assault. Then there come the rarer cases where the manipulation is practised by an *individual of the female sex on an individual of the other sex:* by a woman or adult girl on a little boy. Finally, we must include here the cases of manipulations by *one individual on another of the same sex:* a man on a little boy; by a woman or adult girl on a little girl.

Of all these varieties the commonest is, as we have said, the first: the manipulation of the genital organs of a girl or a woman by an individual of the other sex. This is the *true medicolegal indecent assault,* almost the only one that is met with in ordinary practice. The rôle of the expert physician is clear; he alone is competent to determine the material signs left by the criminal manipulations, and so to decide as to their reality; he alone can state their consequences, their gravity, etc.

This, however, is not all. In the group of indecent assaults that form a part of the domain of the expert, we should include *pederasty,* or, to define it more clearly, *anal coitus.* Anal coitus falls within the scope of the law as a public offense against decency and as an indecent assault. We have already spoken above of pederasty as constituting an offense against decency, and it will be recalled that it does not lend itself to the intervention of the expert physician. Pederasty constitutes an indecent assault when anal coitus is consummated either *with force* on a child or on an adult of either sex, or *with or without force* on a child less than thirteen years old.[4]

The expert physician necessarily enters into these cases, for he alone is fitted to recognize the signs and the consequences of anal coitus.

[4] In America we do not find this distinction, and in our States where pederasty (commonly called sodomy, here) is a statutory offense, as it is in most States, it is indictable whatever the age of the pathic, without distinction of sex and regardless of force or consent. See Appendix to this chapter.—A. W. W.

Thus we see that the rôle of the expert is large in the matter of indecent assault, and we must not forget that often there is presented, besides, the question of the *responsibility* of the accused, and thus a further task is imposed on the physician.

Our subject is now outlined and we know what we have to deal with under moral offenses. This conception is not new; it is the same that Tardieu employed in his excellent book from which we shall make extracts from time to time. We have, then, to study the following subjects:—

1. RAPE;

2. INDECENT ASSAULTS, from which we shall separate for special consideration,—

3. PEDERASTY;

4. PUBLIC OFFENSES AGAINST DECENCY.

But before entering on the main body of our subject we should still pause for a few preliminary considerations. These considerations,—the medical and social interest of which will soon be apparent,—in reality concern not all moral offenses, but the two most important and frequent of them, rape and indecent assault.

The following table, whose figures are taken from the *Criminal Statistics of France,* will give: 1, the absolute number of cases of moral offenses (rapes and indecent assaults) tried at the Court of Assizes in France, from 1860 to 1892; 2, the annual proportion of these cases for every 100,000 French inhabitants; 3, the numerical division into crimes committed on adults and crimes committed on children (subjects under fifteen years); finally, 4, the relative proportion of crimes committed on children to crimes committed on adults. (See following page.)

In the following diagrams (I and II) we have taken out and plotted the most interesting facts from the table:—

I. The annual relation of crimes commited on children to crimes committed on adults.

II. The annual proportion of crimes for every 100,000 French inhabitants.

TABLE SHOWING COMPARISON OF CRIMES.

Years.	Total number of cases.	Proportion for every 100,000 Frenchmen.	Number of crimes committed on adults.	Number of crimes committed on children.	Relation of number of crimes on children to number of crimes on adults.
1860	830	2.3	180	650	3.6 to 1
1861	912	2.5	217	695	3.2 to 1
1862	941	2.6	213	728	3.4 to 1
1863	921	2.5	171	750	4.3 to 1
1864	940	2.6	176	764	4.3 to 1
1865	998	2.7	178	820	4.6 to 1
1866	1043	2.9	160	883	5.5 to 1
1867	929	2.5	124	805	6.5 to 1
1868	889	2 4	161	728	4.5 to 1
1869	856	2.3	146	710	4.8 to 1
1870	651	1.8	93	558	6. to 1
1871	651	1.8	125	526	4.2 to 1
1872	806	2.2	124	682	5.5 to 1
1873	880	2.4	97	783	8. to 1
1874	964	2.6	139	825	5.9 to 1
1875	953	2.6	140	813	5.8 to 1
1876	1015	2.7	140	875	6.2 to 1
1877	912	2.4	108	804	7.4 to 1
1878	872	2.3	84	788	9.3 to 1
1879	942	2.5	130	812	6.2 to 1
1880	756	2.	80	676	8.4 to 1
1881	808	2.1	90	718	7.9 to 1
1882	847	2.2	95	752	7.9 to 1
1883	783	2.	108	675	6.2 to 1
1884	788	2.	83	705	8.5 to 1
1885	687	1.8	65	622	9.5 to 1
1886	712	1.8	78	634	8.1 to 1
1887	554	1.7	74	580	7.8 to 1
1888	636	1:6	64	572	8.9 to 1
1889	611	1.5	72	539	7.4 to 1
1890	616	1.6	68	556	9.2 to 1
1891	630	1.6	70	560	8. to 1
1892	679	1.7	78	601	7.7 to 1

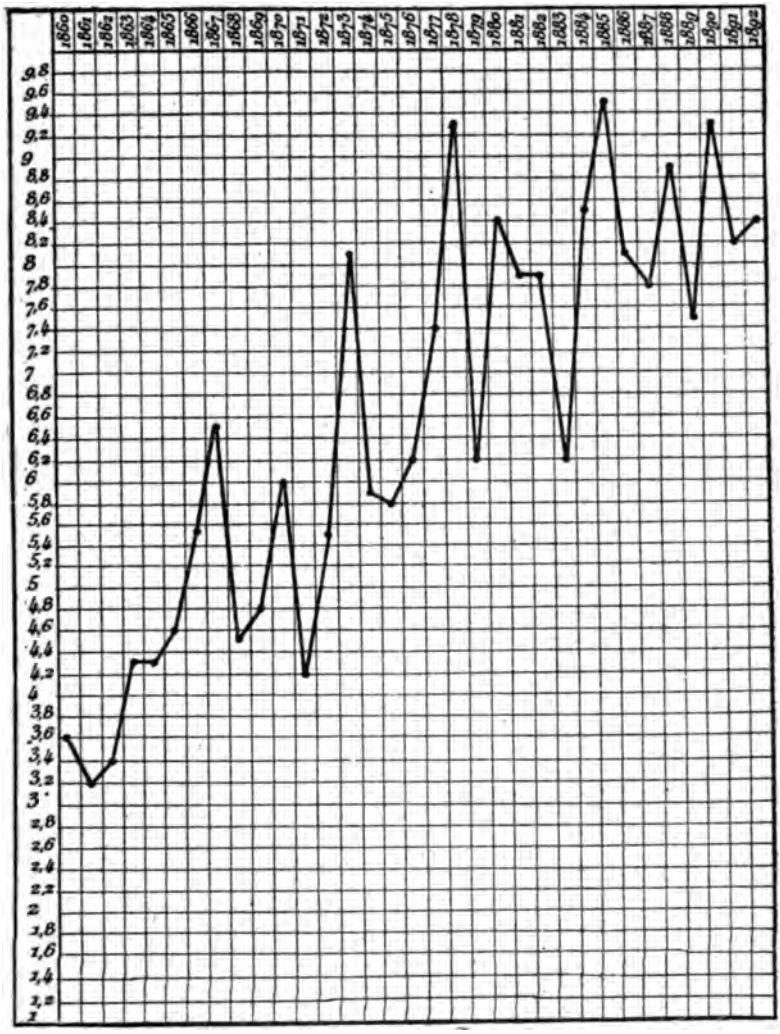

Diagram I.—Indicating the relative proportion of rapes and indecent assaults committed on adults to the same crimes committed on children. The horizontal line, 1, at the base represents the number of crimes committed on adults; the irregular line above represents the crimes committed on children.

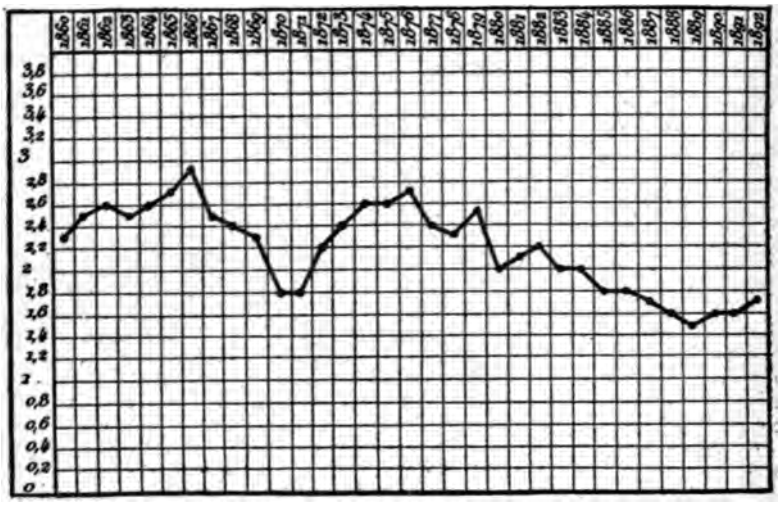

Diagram II.—Indicating the annual proportion (on a ratio of 1 to 100,000 inhabitants), of moral offenses committed in France from 1860 to 1892.

From the diagrams and the table we can draw the following conclusions:—

1. The proportional number of crimes against morals committed in France, annually, has been about the same for thirty years, with, however, an evident tendency to diminish in more recent years.

2. The crimes committed on children are, without exception, more numerous than the crimes committed on adults; the ratio has never been less than 3.6 to 1; in 1885 it reached the point of 9.5 to 1.

After this general survey let us come to details. *The distribution of crimes against morals is very unequal in French territory.* "It is in departments whose capitals are great centers of population that we find the most of these crimes: at Paris, Lyons, Versailles, Angers, Nantes, Bordeaux, Rouen, Rennes," etc., said Tardieu some years ago.

Dr. Bernard has taken the trouble to classify the different departments of France according to the proportion of moral offenses that were observed there from 1825 to 1880. At the head of the table come the following:—

1. Seine	with	17.4	crimes	to	every	10,000	inhabitants.
2. Marne	"	15.4	"	"	"	"	"
3. Var	"	14.3	"	"	"	"	"
4. Vaucluse	"	13.8	"	"	"	"	"
5. Seine-et-Oise	"	12.7	"	"	"	"	"
6. Bouches-du-Rhône	"	12.7	"	"	"	"	"
7. Rhône	"	12.	"	"	"	"	"
8. Haute-Marne	"	11.6	"	"	"	"	"
9. Haut-Rhin	"	11.3	"	"	"	"	"
10. Marne-et-Loire	"	11.1	"	"	"	"	"

At the bottom of the table come the following:—

Lot	with	4.	crimes	to	every	10,000	inhabitants.
Ariège	"	3.9	"	"	"	"	"
Haute-Loire	"	3.7	"	"	"	"	"
Nièvre	"	3.6	"	"	"	"	"
Cantal	"	3.2	"	"	"	"	"
Cher	"	3.1	"	"	"	"	"
Corrèze	"	2.7	"	"	"	"	"
Basses-Pyrénées	"	2.7	"	"	"	"	"
Indre	"	2.7	"	"	"	"	"
Hautes-Pyrénées	"	2.7	"	"	"	"	"
Creuse	"	2.	"	"	"	"	"

And Dr. Bernard reaches the same conclusions as Tardieu: "The departments that possess the largest cities, that is to say, the manufacturing and industrial centers, are those that supply the largest numbers."

Tardieu showed some years ago that crimes against morals are more frequently committed *on children in cities,* and *on adults in the country.* "Out of 1000 persons accused of assaults on adults, we find," he said, "742 inhabitants of the country and 258 inhabitants of cities; out of 1000 persons accused of assaults on children, 625 inhabitants of cities and 375 inhabitants of the country." Professor Brouardel, in his commentaries on the translation of Hofmann, also insists on this difference, and Dr. Bernard, in his thesis from which we have quoted, concludes that at present "indecent assaults on children *are more frequent* in the city, and that rapes on adults are as frequent in the city as in the country, although, perhaps, their number may be *a little higher in the rural communities.*"

We can accept Tardieu's statement as corresponding very well to the state of affairs at the present day.

Villermé[5] said, in 1831, that the greatest number of rapes and indecent assaults are committed during the months of May, June, and July. Villermé drew his conclusions from investigations of the years 1827, 1828, 1829. Tardieu studied the statistics of the years from 1858 to 1869, inclusive, and showed that Villermé's statement was perfectly true for those twelve years. "We see," he says, "that the months of fine weather, of the warm season (*May, June, July*), are those that supply the largest number of assaults, and the *constancy* of these results adds further interest to this fact."

Dr. Bernard has collected 9656 cases of crimes on adults, and 36,176 on children, and studied their monthly occurrence; he gives the result of his investigations as follows: "We see," he says, "that the maximum number of rapes and indecent assaults on *children* is reached in *June;* the cold months are anaphrodisiac months; the minimum is in November. Rapes and criminal assaults on adults do not follow the same course. From *June,* the maximum point, they decrease regularly until November (minimum), and increase in December and January; they are stationary in February, increase in March, and diminish in April." We may assert then, as a general law, the rule of Villermé and Tardieu concerning the seasonal distribution of moral offenses.

We know, in a general way, that *children* are more often the victims of crimes of rape and indecent assault than *adults;* the table and the diagrams already given demonstrate this clearly. The practice of all the medicolegal specialists in France naturally confirms the general conclusions that we have drawn from the criminal statistics. Tardieu, out of 632 cases of indecent assault, has found the victim less than thirteen years old in 435, or two-thirds of the cases. The reports of Brouardel and of Legludic[6] show the same proportion.

The reports of Lacassagne and H. Coutagne,[7] of Lyons,

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[5] Villermé, *Annals d'hygiène et de médecine légale,* 1831, t. v, p. 83.

[6] *Notes et observations de médecine légal,* by H. Legludic, of Angers. G. Masson, 1896.

[7] See Dr. Bernard's thesis.

give the proportion of four children under thirteen years of age out of every five victims. This limit of *thirteen years* is expressly marked in the statistics of medical experts, for it is of capital importance.

It will be recalled that the French law punishes an indecent assault consummated or attempted on a child under thirteen years, even if force has not been exercised.

Another important legal limit is that of *fifteen years,* since rape and indecent assault with force are punished more severely if the victim is less than fifteen years than if she has passed that age. The number of victims under fifteen years in Tardieu's statistics is 525 out of 632, about eight-tenths of the total number of victims. Drs. Brouardel and Legludic say, in their turn, that there are four times as many victims under fifteen years as there are above that age. This predominance of children as victims of moral offenses is not confined to France; it occurs likewise in other countries. The statistics of Casper, Maschka, and Taylor demonstrate this point.

Having established this general fact we must enter into details and seek to learn as exactly as possible the proportional distribution of victims at each age, first in childhood, that is to say, *below* fifteen years (a); then among adults, that is to say, *above* fifteen years (b).

(a) The following statement made by Dr. Delens of medicolegal cases that relate to moral offenses from his own practice is very instructive:—

At	2	years, he	notes	4	victims.
"	3	" "	"	8	"
"	4	" "	"	4	"
"	5	" "	"	16	"
"	6	" "	"	13	"
"	7	" "	"	23	"
"	8	" "	"	27	"
"	9	" "	"	25	"
"	10	" "	"	27	"
"	11	" "	"	19	"
"	12	" "	"	23	"
"	13	" "	"	15	"
"	14	" "	"	15	"
"	15	" "	"	13	"

The number of victims appears to increase with age, and reaches its maximum between seven and twelve years. Note that Dr. Delens had four victims two years of age; the fact may appear monstrous, but there are still sadder ones. Tardieu and Lacassagne have each seen a child of eighteen months the victim of indecent assault. Coutagne was charged with the examination of a child of twelve months. In Taylor we find a case of an assault on a child of eleven months, and in Hofmann on a child of eight months.

(b) Next, some facts concerning the age of *adult victims*. Tardieu notes that only 84 victims were between fifteen and twenty, and only 9 over twenty. The report of Dr. Delens is much more expressive:—

5	of	the	victims	examined	by	him	were	16	years	old.
4	"	"	"	"	"	"	"	17	"	"
4	"	"	"	"	"	"	"	18	"	"
1	"	"	"	"	"	"	"	19	"	"
1	"	"	"	"	"	"	"	20	"	"
1	"	"	"	"	"	"	"	22	"	"
1	"	"	"	"	"	"	"	25	"	"
1	"	"	"	"	"	"	"	26	"	"
1	"	"	"	"	"	"	"	32	"	"

It is clear that most of the victims are between fifteen and twenty, but we should not conclude that criminals spare older persons or even very old individuals. We shall have occasion farther on to quote at least one of these monstrous cases where the victim was an old woman.

After these facts concerning the victims of assaults, let us come to the rather numerous and very interesting considerations which relate to the *criminals*. At what *ages* are crimes against morals most commonly committed? Tardieu, looking over the criminal statistics for eleven years (1858 to 1869), finds:—

27	criminals	less	than	16	years	of	age.	
4015	"	from	16	to	30	"	"	"
5991	"	"	30	"	60	"	"	"
1517	"	"	60	"	80	"	"	"
26	"	of	80	and	over.			

Dr. Delens has taken from his personal practice the following very interesting statistics:—

He notes		1	criminal	less	than	10	years	of	age (8 years).
"	"	26	criminals	from	10	to 20	"	"	"
"	"	33	"	"	20	" 30	"	"	"
"	"	41	"	"	30	" 40	"	"	"
"	"	33	"	"	40	" 50	"	"	"
"	"	20	"	"	50	" 60	"	"	"
"	"	4	"	"	60	" 70	"	"	"
"	"	2	"	"	70	" 80	"	"	"
"	"	1	criminal	of	88.				

Dr. Legludic gives the following summary from his practice in Angers:—

19	criminals	from	10	to	20	years	of	age.
28	"	"	20	"	30	"	"	"
38	"	"	30	"	40	"	"	"
27	"	"	40	"	50	"	"	"
12	"	"	50	"	60	"	"	"
8	"	"	60	"	70	"	"	"
2	"	"	70	"	80	"	"	"

Dr. Bernard, combining the statistics of Drs. Lacassagne and Coutagne, compiles the following table:—

7	criminals	from	10	to	20	years.
18	"	"	20	"	30	"
13	"	"	30	"	40	"
15	"	"	40	"	50	"
11	"	"	50	"	60	"
8	"	"	60	"	70	"
2	"	"	70	"	80	"

From these statistics it appears that the following conclusion may be drawn: the adult commits crimes which are offenses against morals *at every age, but especially between thirty and forty.*

Now, while the first part of this conclusion is true, the second part is false; the age of election for the crime of rape or of indecent assault is not from thirty to forty. The relatively high number of assaults committed by individuals over sixty years is very striking. If we take account of the fact that for every 1000 living persons there are, proportionally, many less individuals of sixty years and over than there are individuals between thirty and forty, we shall naturally be led to see that the number of criminals of an advanced

age guilty of immoral offenses must become much greater, if we make the relation exactly proportional, and end by equaling or even surpassing the number of accused individuals between thirty and forty years, *and such is actually the case.*

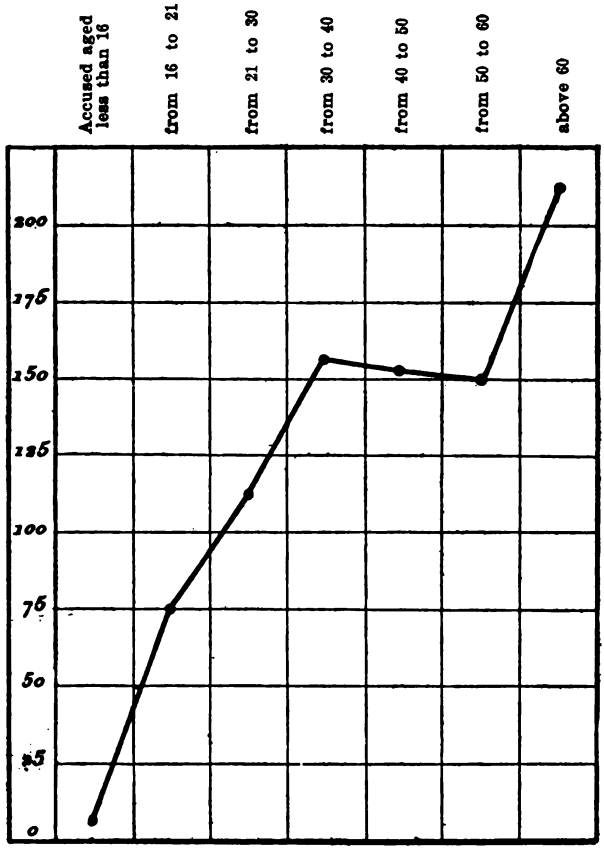

Diagram III.—Indicating the variations in the number of individuals accused of moral offenses, calculated according to the number of individuals living at each age (so many accused to one million living).

Dr. Brouardel wished to know how many individuals out of a thousand of certain ages would be found accused of rape or indecent assault, and the above is the diagram by which he has translated the results of his investigations (Diagram

III). It shows clearly that the *number of criminals guilty of moral offenses increases with age.*

It occurred to Tardieu to put and to solve another interesting problem, namely: *What is the relation between the age of the criminal and the age of the victim?* And from his investigations he was able to deduce a real law of criminality which may be expressed thus: The proportion of assaults on children *increases with the age* of the criminals; in proportion as the age of the criminal *increases,* that of the victims *decreases;* the crimes of old men are committed only on children. Here are the figures from which Tardieu drew his deductions; they are taken from the criminal statistics from 1858 to 1869.

For individuals under 16 we find:—
7 crimes against adults,
20 crimes against children.
For individuals from 16 to 30:—
1276 crimes against adults,
2239 crimes against children.
For individuals from 30 to 60:—
1117 crimes against adults,
4874 crimes against children.
For individuals from 60 to 80:—
51 crimes against adults,
1466 crimes against children.
For individuals of 80 and over:—
0 crimes against adults,
26 crimes against children.

Dr. Brouardel has reached the same results and has put them in the graphic form here represented. (Diagram IV.)

All of this long description may be summed up in two words: It is old individuals who commit the largest number of criminal assaults and rapes, and they seek children by preference; adults are much less sought after by criminals, and when they are it is especially by adults from twenty to thirty years of age.

Are there *more criminals among unmarried than among married people?* The statistics show that the two categories supply almost equal quantities of criminals. One fact, however, which should be clearly singled out, is the *degree of*

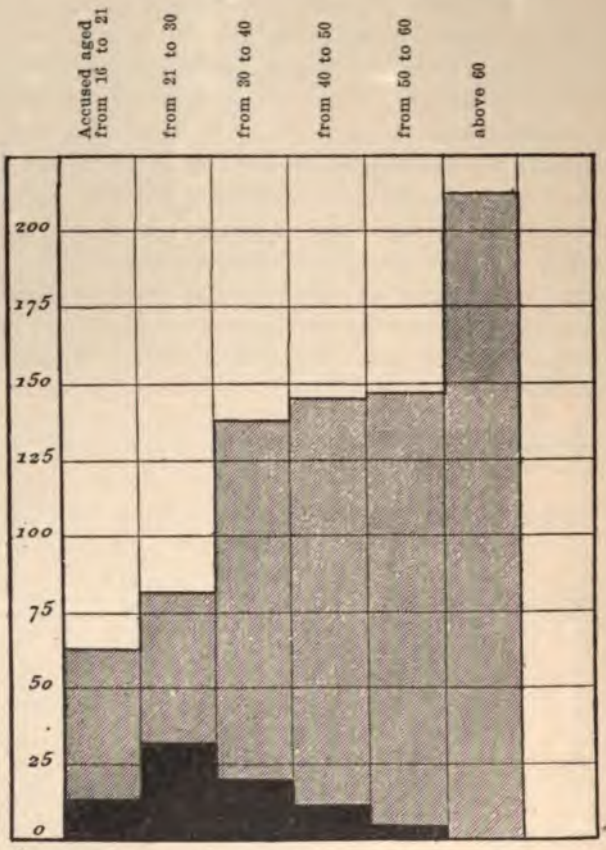

Diagram IV.—Showing the relation of the age of the victims to that of the criminals. The black columns indicate the number of assaults on adults; the lightly shaded columns the number of assaults on children.

family relationship, often very close, that binds the criminal to his victim. Here are the interesting statistics of Dr. Legludic, taken from his own medicolegal practice:—

Out of 134 authors of assaults, he finds:—

The father	17 times
The father-in-law	2 "
The uncle	2 "
The cousin	1 time

Note this number of 17 fathers assaulting their daughters; that is to say, 12.68 per cent. of the criminals. The explanation, of course, is very simple. The affair takes place almost always in the poor districts, where the entire family has only one room, and sometimes only one bed. Some night the father returns intoxicated and commits an assault on his daughter. Things may end there or the act may be repeated until the accusation, which often does not take place until a very long time afterward, and under the influence of the most varied motives.

It may seem that crimes against morals should occur above all among *illiterate individuals;* this is not so, as Dr. Brouardel's investigations have shown. Out of 836 persons accused of rape or criminal assault, Dr. Brouardel found 198 illiterates, 585 individuals possessing an education ranging from a mere beginning up to complete secondary instruction with a graduate's diploma, and, finally, 53 individuals who had had a *higher education!*

APPENDIX TO CHAPTER I.

By A. W. Weysse.

While the classification of the various forms of moral offenses belongs to the legal profession rather than to the medicolegal expert, yet, since Dr. Thoinot has briefly referred to this subject, it seems well to indicate summarily some of the points in which the English and American laws differ from the French. With our combination of common law and statutory law, with each State in the Union enacting its own laws, it is not surprising that we lack the uniformity of the French Code, and that the same act may be known legally by different names in different States; that the same act may be differently punished in the different States, and that an act indictable as a statutory offense in one State may be entirely unpunished in another. The table on the following page, which is taken from Emlin McClain's "Treatise on Criminal Law," vol. ii, part xii, section 1110, affords a good general classification of sexual crimes as commonly recognized in the United States.

TABLE OF SEXUAL CRIMES.

- 1. Sexual connection between man and woman not lawfully married.
  - Single criminal act.
    - Criminal in man only.
      - Rape.
        - Without actual consent of female.
          - Resistance overcome.
          - By fraud (probably).
          - By taking advantage of insensibility.
        - With actual consent, but where there is not capacity to give valid consent.
          - By reason of imbecility.
          - By reason of not having attained age of consent.
      - Seduction, the consent of a chaste, unmarried woman being procured by artifice or a false promise.
    - Criminal in either sex (statutory).
      - Incest, between persons within specified degrees of relationship.
      - Adultery, where one party or both are married.
      - Fornication (not made criminal in all States, except as it is continued or in public).
  - Criminal by reason of publicity or repetition.
    - Prostitution. (To which are closely allied the crimes of keeping house of ill-fame, or frequenting such house, or leasing premises for such purpose.)
    - Lewdness.
- 2. Illegal marriages.
  - Within prohibited degrees of relationship (constituting incest).
  - Plural marriages (constituting bigamy).
- 3. Criminal acts allied to sexual crimes, but not involving connection with opposite sex.
  - Sodomy.
  - Obscene exposure of person.
  - Obscene publications.

A definition of rape made to conform to the statutes is given by Bishop[1] as follows: "Rape is a man's ravishment of a woman, with force, where she does not consent," and he adds, a little farther on: "If the carnal abuse of female children is to be deemed rape,—and the question is merely one of name,—then the definition needs enlarging to meet also this case." Such a definition is given in the "Revised Laws of Massachusetts," 1902, chapter ccxviii, section 38, as follows: "The unlawful forcible carnal knowledge by a man of a woman against her will and without her consent; or the carnal knowledge by a man of a female child under the statutory age of consent." There is not general agreement, however, as to the matter of name. We see that the French insist that there shall be a penetration of the vagina by the penis in order to constitute rape, all else, such as friction or mere contact of the female pudenda by the penis, being indecent assault. Dr. G. V. Poore, of London,[2] having defined rape as "the carnal knowledge of a woman forcibly and against her will," says: "The next point is, 'What is carnal knowledge?' There, again, the law has laid it down very strictly indeed, that if the vulva be touched by the penis, that is carnal knowledge. The act of insertion is not necessary; the act of emission is not necessary; so that you must remember that technically and legally, if in obedience to moral force or a threat the penis touches the vulva, that is rape. I would emphasize the fact that a rape of this character leaves no physical traces behind. . . ."

This principle of mere contact is not, however, always recognized in the United States. Thus, we read in the "Cyclopedia of Law and Procedure,"[3] under the subject "Rape," subdivision "Penetration": "There can be no carnal knowledge without penetration. Mere actual contact of the sexual organs is not sufficient (State *vs.* Grubb, 55 Kan., 678; 41 Pac., 951), and, if the female is not sufficiently developed to admit of the

[1] New Commentaries on the Criminal Law, by Joel Prentiss Bishop, 8th edit., vol. ii, chap. xxxvi, sec. 1115, 2, Chicago, 1892.

[2] A Treatise on Medical Jurisprudence, by George Vivian Poore, p. 323, New York, 1901.

[3] Cyclopedia of Law and Procedure, William Mack, Editor-in-chief, vol. xxxiii, p. 1422, New York, 1909.

slightest penetration, there can be no carnal knowledge. (White *vs.* Com., 96 Ky., 180; 28 S. W., 340; 16 Ky. L. Rep., 421. And see Williams *vs.* State, 53 Fla., 84; 43 So., 431.) The slightest penetration, however, of the body of the female by the sexual organ of the male is sufficient; it is not necessary that the penetration should be perfect, nor that there should be an entering of the vagina or rupturing of the hymen; the entering of the vulva or labia is sufficient." In this connection Francis Wharton gives a valuable word of advice; he says[4]: " . . . the practice seems to be, . . . not to permit a conviction in those cases in which it is alleged violence was done, without medical proof of the fact, whenever such proof is attainable. It seems but right, both in order to rectify mistakes and to supply the information necessary to convict, that the prosecutrix should be advised of this at once, so that she can take necessary steps to secure such an examination in due time. If this test be generally insisted upon, there is no danger of any conviction failing because of noncompliance with it, and, on the other hand, many mistaken prosecutions will be stopped at the outset."

Many States have established by statute an arbitrary "age of consent." Sexual intercourse with a girl below that age, even though she consents to or invites the act, is legally the same as the rape of a woman above that age. The age of consent ranges from 10 years to 18 in different States, as in the following:—

Alabama, Mississippi,	10
Kentucky, Louisiana, Virginia, Wisconsin,	12
Iowa,	13
Illinois, Indiana,	14
Texas,	15
Massachusetts, Michigan, Montana, New York, Oregon, Pennsylvania,	16
Colorado, Kansas, Missouri (14 if not previously chaste), Nebraska (15 if not previously chaste), Tennessee (12 if not previously chaste), Washington, Wyoming,	18

[4] A Treatise on Criminal Law, by Francis Wharton, 2 vols., 10th edit., sec. 555, Philadelphia, 1896.

In England sexual intercourse with a girl under thirteen years of age is rape and a felony; attempt at intercourse is a misdemeanor. Intercourse or attempt at intercourse with a girl between thirteen and sixteen is a misdemeanor, whether she consents or not. The punishment is imprisonment with hard labor. Taylor[5] reports a case where the age of the girl was important:—

"Recently two youths, each æt. 16, were tried for the rape of a girl æt. 14, but who appeared somewhat older (Reg. *vs.* Golding and Neal, C. C. C., March, 1891). It was alleged that the girl was seized by the arms by Neal and held against some palings while Golding had connection with her, she being in the standing position. She then ran away; but was pursued and seized by the arms by Golding while Neal now had connection, standing. The girl went home agitated, but made no complaint to her mother, who next day washed the girl's underlinen, but observed nothing unusual. When medically examined six days after the occurrence the vagina was dilated and inflamed and the hymen was ruptured and healed. The connection was not denied, the defense being that the girl, who had been sliding on the ice with the boys, was an inviting party. There was an acquittal on the charge of rape, and a conviction for intercourse with a girl under sixteen years of age."

In England a boy under fourteen years is considered incapable of committing rape; some American courts accept this rule, but others admit evidence of capability in fact.

The punishment for rape varies in different States, which may be grouped as follows, according to the nature of the penalty:—

1. Death: Arkansas, Delaware, Mississippi, North Carolina.

2. Death, unless the jury sees fit to make the punishment imprisonment in the State prison for a term of years (varying usually from one to twenty): Alabama, Florida, Georgia, Kansas, Maryland, Missouri, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia.

3. Imprisonment in the penitentiary for life or a term of years: Arizona, California, Colorado, Connecticut, District of Columbia, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Michigan, Montana, Nebraska, Nevada, New

[5] A Manual of Medical Jurisprudence, by A. S. Taylor, 11th American edit., p. 665, 1892.

Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Rhode Island, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming.

The duties of the medicolegal expert are so well set forth by Dr. Thoinot in the following pages that little need be said on the subject here. It will be noted, however, that in France the expert is appointed by the court or the examining magistrate, never by the counsel, while in our country the reverse is true. There are arguments in favor of each method, but expert testimony in this country certainly does not command the respect that it does in France, and some of our able jurists are in favor of a change. One or two quotations concerning the duties of the medicolegal expert from legal authorities in this country may be of some value to the members of the medical profession here.

In the "Cyclopedia of Law and Procedure" (*loc. cit.*), vol. xxxiii, p. 1475, is a good summary statement on the nature of the physician's evidence, as follows: "Expert and Opinion Evidence. A physician and surgeon may testify as to the results of a medical and surgical examination of the prosecutrix after the alleged offense, and may give his opinion thereon as an expert. He may also testify as to the physical possibility of the sexual organ of the defendant entering that of the female, and that the female's condition might have been produced by disease, or means other than that testified to by her. Some of the courts hold that a physician may testify that it would be physically impossible to commit the act as testified to by the prosecutrix; but the better opinion is to the contrary, on the ground that to permit such evidence would allow the witness to assume the functions of the jury, and the matter is not properly the subject of expert testimony. He cannot, as an expert, testify that in his opinion the condition of the sexual organs of the female was produced by rape, or that no girl would have voluntarily submitted to the suffering necessary to bring about the results shown by his examination. Witnesses other than experts, if they have the requisite knowledge, may testify as to the appearance and the mental and physical condition of the prosecutrix. A hypothetical question assuming facts not proven is properly excluded."

The difficulties of the situation in a trial for rape are well expressed by Bishop[6]: "The real facts, in a case of alleged rape, are commonly known only to the defendant and the complaining woman. And she may be honest or dishonest, free from guile or a crafty plotter against him, moved by a sense of justice or by a desire to conceal the shame of having voluntarily surrendered her virtue. If she speaks the truth, no completely satisfactory confirmation of her testimony can often be had; if falsehood, nothing is so difficult as for the defendant to make the falsity appear. (S. *vs.* Hagerman, 47 Iowa, 151; Smith *vs.* S., 77 Ga., 705.) His temptation to clear himself by foul means, where he cannot be fair, is very great; hers may be, but it is not necessarily, almost as strong to convict him by perjury where the truth will not avail. Therefore it cannot be otherwise than that convictions will sometimes be wrongly had (as in 1 Hale, P. C., 635, 636), and sometimes the guilty will go free, and there should be a conviction only on the clearest and most convincing proofs. (Smith *vs.* S., 77 Ga., 705; see Connors *vs.* S., 47 Wis., 523.)" And farther on he says: "Section 973. Experts. A physician cannot be asked whether a ravishment could have been effected in a particular way, if, in the answer, is involved no professional knowledge. (Cook *vs.* S., 4 Zab., 843; Woodin *vs.* P., 1 Par. Cr., 464; see Noonan *vs.* S., 55 Wis., 258; P. *vs.* Royal, 53 Cal., 62.) Still, there is a wide range for expert evidence in these cases. (Young *vs.* Johnson, 123 N. Y., 226; Davis *vs.* S., 42 Tex., 226; P. *vs.* Glover, 71 Mich., 303; Myers *vs.* S., 84 Ala., 11; Fay *vs.* Swan, 44 Mich., 544.)"

Concerning the subject of indecent assaults as considered by the French law (apart from the rape or carnal abuse of very young girls), we find the English and American law much less definite than in the case of rape. In the American and English "Encyclopedia of Law," 1890, vol. xiii, p. 276, we read in a footnote: " . . . whatever outrages decency and is injurious to public morals is a misdemeanor, and punishable as such at common law." Whether our courts would

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[6] New Criminal Procedure, by Joel Prentiss Bishop, vol. ii, sec. 962, Chicago, 1896.

recognize this principle as applying to cases indictable under the French Code is perhaps difficult to say. Taylor, in his "Medical Jurisprudence" (*loc. cit.*), p. 672, in speaking of the rape of males by females, says: "So far as we can ascertain, this crime is unknown to the English law." He then cites several cases from French and German literature, and adds: "By the Penal Code of France it is a crime in either sex to attempt intercourse with the other, whether with or without violence, when the child is under eleven years of age. That this offense is perpetrated in England under the mistaken notion that gonorrhea and syphilis are thereby cured cannot be doubted. It is by no means unusual to find in the wards of hospitals mere boys affected with venereal disease. In some cases this may be due to precocious puberty; but in others it can only be ascribed to that unnatural connection of adult females with male children which is punished as a crime in the other sex. The only accessible medical proof would consist in the transmission of gonorrhea and syphilis from the woman to the child."

Havelock Ellis, in his scholarly series on the "Psychology of Sex,"[7] says: "The French law makes a clear and logical distinction between crime on the one hand, vice and irreligion on the other, only concerning itself with the former." It is different with the English law (see note, p. 288). In America it is difficult to make a definite statement, but certain aspects of the matter are well expressed by Francis Wharton,[8] as follows: "It has been properly held that, if a man indecently expose his person to *one person* only, this is not an indictable misdemeanor. It is otherwise if there are other persons in such a situation that they may be witnesses of the exposure. It is by dwelling on this point that we may reach a solution of an apparent conflict. An intentional indecent exposure of the person to one individual in private may be indictable as an assault, but not as a nuisance, though under statute it may be indictable as a lascivious act." Thus, in the case of Com. *vs.*

[7] The Psychology of Sex, by Havelock Ellis, 6 vols., vol. ii, 2d edit., p. 207, Philadelphia, 1901.

[8] A Treatise on Criminal Law, by Francis Wharton, 10th edit., vol. ii, sec. 1472, Philadelphia, 1896.

Wardell, 128 Mass., 52, 1880, the indecent exposure of his person to a girl of eleven years, in private, was held to be "gross lewdness" under the statute. Whether homosexual practices, apart from sodomy, when indulged in by consenting adults in private, would come under the same ruling is not clear. In England they are indictable by a clause in the Criminal Law Amendment Act of 1885 (see note, p. 288). Such a law is naturally more often violated than enforced.

The same is true in the case of fornication. A single act of fornication in private is not indictable at common law,[9] but in many States is punishable by statute. Thus, Wharton (*loc. cit.*), vol. ii, section 1741, says: " . . . Fornication, according to the better view, is not in this country indictable, yet the question has been put to rest in most of the States by express statutory prescription. . . ." Thus, in Massachusetts the statute reads: "Whoever commits fornication shall be punished by imprisonment for not more than three months, or by fine of not more than thirty dollars."[10] Fornication, adultery and incest, if they enter the domain of the medico-legal expert, call for the same sort of examination and treatment as rape, and require no special notice here.

Sodomy, sometimes called the crime against nature in the statutes, and also known by other names, consists of anal coitus between human beings or sexual intercourse between human beings and other animals. The French, and continental Europe in general, distinguish between the two acts, and commonly call anal coitus between human beings pederasty, while intercourse with other animals is called bestiality. McClain[11] writes on this subject as follows: "This offense is sufficiently described by calling it, with Blackstone, the crime against nature, committed either with a human being or a beast. (4 Bl. Com., 215; C. *vs.* Dill, 160 Mass., 536.) . . . The act must be in that part where sodomy is commonly committed; the act in a child's mouth does not constitute the

[9] See J. P. Bishop, New Commentaries, 1892, sec. 501.1; Commentaries on the Law of Statutory Crimes, 3d edit., 1901, sec. 691 and 711; E. McClain, Treatise on Criminal Law, 1897, sec. 1109.

[10] Revised Laws of Massachusetts, 1902, chap. ccxii, sec. 14.

[11] *Loc. cit.*, vol. ii, chap. lvi, sec. 1153 and 1155.

offense.[12] (Rex *vs.* Jacobs, Russ and Ry., 331; Prindle *vs.* S., 31 Tex. Ap., 551.) No doubt the requirement as to penetration and emission is the same as in rape. If the act is between human beings, each is guilty if both consent; but consent of one is immaterial as to the guilt of the other . . ." In a footnote he says: " . . . In States where common-law crimes are not recognized, and there is no statute as to this offense, it is of course not punishable. (Estes *vs.* Carter, 10 Ia., 400; Melvin *vs.* Weiant, 36 Ohio St., 184; Davis *vs.* Brown, 27 Ohio St., 326; S. *vs.* Place, 5 Wash., 773.)" And farther on he adds: " . . . The crime is one, like rape, easy to charge and difficult to disprove. . . . A consenting party is an accomplice, whose evidence must be corroborated. (Medis *vs.* S., 27 Tex. Ap., 194; Reg. *vs.* Jellyman, 8 C. and P., 604; and see C. *vs.* Snow, 111 Mass., 411.)"

Taylor[13] writes: "Trials for sodomy and bestiality are very frequent, and convictions of men and boys have taken place for unnatural intercourse with cows, mares, and other female animals. . . . False charges of sodomy are frequent, and are made for the purpose of extortion."

The medicolegal aspect of sodomy is fully treated in subsequent pages by Dr. Thoinot, so that no further elaboration of the subject is necessary here, beyond mentioning the fact that the punishment, when fixed at all, is by statute, and consists commonly of imprisonment varying from one year to life. A section of the Massachusetts Revised Laws, 1902,[14] reads thus: "Whoever commits the abominable and detestible crime against nature, either with mankind or with beast, shall be punished by imprisonment in the State prison for not more than twenty years." But an indictment for sodomy may be made under another section that does not mention the specific act.[15] It reads: "Whoever commits any unnatural and lasciv-

[12] It should not be inferred that because this act is not legally sodomy it is therefore not indictable, for it may come under some other statute, even though not specifically named. See, for example, the Revised Laws of Massachusetts, 1902, chap. ccxii, sec. 27, quoted farther on.

[13] *Loc. cit.*, p. 673.

[14] *Loc. cit.*, chap. ccxii, sec. 25.

[15] *Loc. cit.*, chap. ccxii, sec. 27.

ious act with another person shall be punished by a fine of not less than one hundred dollars nor more than one thousand dollars, or by imprisonment in the State prison for not more than five years or in jail or the house of correction for not more than three years." (See C. *vs.* Dill, 160 Mass., 536.)

The public offenses against decency indictable in England and America are very similar to those in France, and here, as there, the rôle of the medicolegal expert is slight and usually concerns the mental responsibility of the defendant. The act is usually regarded as "an indictable misdemeanor punishable by fine or imprisonment, with or without hard labor."[16]

[16] A Treatise on Crimes and Misdemeanors, by Sir Wm. Oldnall Russell, 3 vols., 7th English and 1st Canadian edit., vol. ii, book xi, chap. vi, sec. 111, p. 1883. London, Toronto and Philadelphia, 1910.

CHAPTER II.

SUMMARY FACTS OF ANATOMY.

Study of the external genital organs of the female.—Labia majora.—Labia minora.—Clitoris.—Fourchette.

The hymen.—The hymen or its remains are never absent.—Situation.—Typical and atypical forms.—The typical forms are: the annular, the semilunar and the labiate.

Folds and notches of the hymen.—Atypical forms.

RAPE.

Definition.—Rules for examination.

We now begin the study of *rape*, which will be followed by that of *indecent assault*, of *public offenses against decency*, and finally of *pederasty*. But on the threshold of the study of rape we should follow the example of all the classical authors and make a rapid anatomical digression, recalling some brief ideas of the external sexual organs of the female. This short study is absolutely necessary in order that there may be no misunderstanding when we come to speak of the medicolegal signs of rape and of indecent assault.

The external sexual organs of the female (Figs. 1 and 2) consist of the *labia majora*, the *labia minora*, the *clitoris*, the *fourchette*, and the *hymen*. What we find of interest in studying them is almost exclusively their *objective aspect* and their morphological *variations* in the little girl, the nubile virgin and the deflowered woman or mother, and it is especially to these points that we shall devote a few words of general description.

1. *Labia Majora.* — As a common rule we find the labia majora in *little girls* thick, firm and prominently projecting, for they are folds of a layer of cellulo-adipose tissue; they are applied to each other by their inner surfaces and completely close the vulva. Devergie some time ago called attention to the fact that the external genital organs in the female consist of two different systems: the *urinary* system (or

superior) and the *genital* system (or inferior). In children, says Devergie, the urinary system predominates, and the vulva, closed below, opens above. All authors have not accepted this view. In *women*, after sexual relations have been established,

Fig. 1.—Surface of the female perineum. Passing from above downward note: the mons veneris covered with pubic hair, the body and prepuce of the clitoris, the labia majora and minora, and the posterior commissure of the vulva. (After *Deaver.*)

the aspect changes; the labia majora are less firm, more flabby, and are separated below so as to leave the vulva gaping.

Such are the ordinary appearances, clearly different, be-

tween the labia majora in the little girl and the fully developed woman; but there are exceptions to every rule. Thus, in *thin* little girls the labia majora are flabby, do not project, and leave the vulva *open*. In fat women, on the other hand, long since deflowered and having regular sexual intercourse, the labia majora cannot be flabby and are in contact with each other, thus completely closing the vulva, so that there are even prostitutes who really have a vulva like a young girl's.

2. *Labia Minora.*—The general rule is that in children the labia minora have a mucous appearance, pinkish, covered as they are by the labia majora. In women, on the contrary, the labia minora take on a cutaneous appearance, since they are left exposed by the separation of the labia majora. The various peculiarities of form that the labia minora may present are well known; often they project outside in the form of an appendage from the vulva for a greater or less distance, etc.

3. *Clitoris.* — This organ exhibits very great individual variations. It is customary to consider that a great development of the clitoris indicates that habitual practices of masturbation are probable.[1]

4. *Fourchette.*—This is a little, tense band at the posterior commissure of the vagina; behind the fourchette is a sort of *cul-de-sac* more or less deep, called the *fossa navicularis,* which separates it from the hymen. The fourchette, which is more or less prominent and resistant, disappears on defloration, or, at least, at parturition, leaving the vulva still more broadly open below and behind.

5. *Hymen.* — The study of the hymen and a perfect acquaintance with it constitute the *key* to the whole question of rape. We shall see what interest attaches to the facts we are about to emphasize; to be ignorant of them is to expose one's self to grave errors in making examinations.

The following history which Dr. Brouardel relates is worth recalling; it occurs in his substantial and eminently practical

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[1] This popular belief, which has its counterpart in the assumption that men and boys who are habitual masturbators have an unusually large penis, appears to be based on theory rather than on scientific observation. There is probably no truth in it.—A. W. W.

memoir whose perusal we cannot too strongly recommend:[2] A young physician had declared in a certificate that the hymen in a little girl of eight years had completely disappeared. Dr. Brouardel was then assigned to the case and found the membrane intact. The case came to the assizes where the con-

Fig. 2.—External genitals of a virgin with the labia minora or nymphæ held apart. From above downward note: the body, prepuce and glans of the clitoris; the external urinary meatus; the hymen, through whose opening the anterior wall of the vagina may be seen; the fossa navicularis at the posterior end of the hymen, bounded by the fourchette; laterally the labia majora and minora. (After *Deaver.*)

tradictory depositions of the two experts were made. The presiding judge ordered them to examine the child while the

[2] Des causes d'erreur dans les expertises relatives aux attentats à la pudeur, Paris, J.-B. Baillière, 1883. (Causes of error in examinations relative to indecent assaults.)

session was being held, and Dr. Brouardel had no difficulty in demonstrating the hymen to the young physician, who loyally admitted his error to the court, and, when the presiding judge asked him to account for it, he declared frankly: "Your honor, I never before saw a hymen."

The hymen should be studied under two very different circumstances:—

1. Before coitus, in the young virgin: an ***intact*** or ***normal hymen.***

2. After coitus: a ***modified hymen.***

We shall see later that coitus at times does not induce any modification in the hymen, but the division we have adopted is none the less rational, for it conforms to the actual facts in the majority of circumstances. We shall concern ourselves for the moment only with the ***intact*** or ***normal hymen;*** the study of the ***modified hymen*** will better be considered when we note the signs of defloration.

But in the study of the hymen one question suggests itself at once: Is the hymen ***always present?*** In other words, has every girl or woman always either an intact hymen or the traces and debris of that membrane as convincing indications that the membrane formerly existed in an intact condition?

The matter has been greatly discussed and the father of modern medicine, A. Paré, has in this respect remained in painful uncertainty. He at first denied the existence of the hymen, found it one day on a young girl of seventeen years, and then made an investigation among some midwives, an investigation that only made him more perplexed. "One said (*she had found the hymen*) at the very beginning of the private parts, another in the middle, and the others at the very depths in front of the os uteri. And that is all the agreement you get from midwives!" We shall understand better in a moment the statements, apparently so contradictory, of the midwives consulted by A. Paré, and we shall see that in the matter of the hymen it is not always easy to make things agree.

If A. Paré was unable to make up his mind and held his opinion reserved, there was found in the past, not so very far back, more than one author to deny the existence of the hymen,

at least in certain cases; in other words, to affirm the *possibility of the total, congenital absence of this membrane* in certain girls. Devergie cites, among these authors, Dulaurens, Dionis, de Lamothe, Buffon, Vésale, etc. . . .

Today the constant presence of the hymen is a dogma; *every girl, every woman, always possesses either an intact hymen or the traces or debris of this membrane.*[3] Orfila, in more than two hundred examinations, never found lacking either an integral hymen or its traces. C. Devilliers, in 150 cases, and Tardieu, in 600, reached the same results. Devergie says definitely: "I have never seen this membrane lacking." Finally, Gavard examined female fetuses and newborn infants, and always found the hymen. The question then is settled, and when an expert in a report declares that the hymen does not exist in a girl whom he has examined, and that he finds no trace of it, he commits a gross error.

But in order to find the hymen or its traces *you must know how to look for them,* and it is through a failure to conform to the elementary rules that we shall give that nothing is found and that it is declared that nothing is there. In order to succeed, always make the girl or the woman on whom you are to seek for the hymen *lie down.* A speculum bed or a gynecological table are the most convenient; but, lacking them, have the subject lie crosswise on a table or, better still, on a bed, her buttocks at the edge of the table or bed, her legs hanging over the edge. Then have the thighs of the patient flexed, separate her legs widely, and have an assistant hold the lower extremities in this position, placing yourself, seated, in the space between. Then first separate the labia majora widely, and afterward the minora; have a suitable illumination and you will certainly find what you seek.

Having established these principles let us return to the study of the *intact* or *normal* hymen, the one that we find in

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[3] It is perhaps well to call attention to the fact that even today there is a difference of opinion on this subject. See the article by Dr. F. Jayle, entitled, L'hymen après la défloration, in the Revue de Gynécologie et de Chirurgie Abdominale, t. xiii, No. 5, 1909, pp. 755-788, 33 figs. His Fig. 5, p. 762, showing congenital absence of the hymen, is here reproduced (Fig. 6).—A. W. W.

the virgin girl. In the first place, what is its position in the vulvovaginal canal? Where shall we find it? It must be borne in mind that this membrane occupies a position in this canal which *varies according to the age* and the degree of embonpoint of the subject.

In *babies* and up to two or three years, the hymen is situated very deeply; do not look for it at the entrance to the vagina; there you will find nothing. In order to discover it you must separate the labia greatly and then look and put your finger into the depths of the vulvovaginal canal. This deep situation may persist in *later childhood* for a long time if the child is fat and in good health. If the child is thin, if the labia majora, only slightly lined with adipose tissue, scarcely exist, the membrane becomes more superficial; you will find it then in the vaginal canal at a depth of scarcely a centimeter. With advancing age the hymen appears to approach the entrance to the canal, and in *nubile girls* you will find it just behind the labia minora barring the very entrance to the vagina.

The various forms of the intact hymen constitute one of the most interesting points in its history. In the first place the appearance varies greatly according as the girl is lying down with her legs separated, *thus stretching the membrane,* or as she is upright and so relaxes the hymen. It is the stretched hymen with which we shall concern ourselves, for it is, so to speak, exclusively in this condition that we see it in our examinations.

The hymen thus defined exhibits very variable forms, which, to begin with, we may classify under two large groups:—

1. *Common, ordinary or typical* forms.
2. *Rare or atypical* forms.

1. *Common Forms.* — Authors describe a very variable number; there seems to be no advantage in complicating the presentation of a subject already difficult, and we shall adopt the very simple and sufficiently comprehensive classification of Hofmann. We recognize, then, three common forms:—

(*a*) The *annular* hymen.
(*b*) The *semilunar* hymen.
(*c*) The *labiate* hymen.

(*a*) The *annular* hymen is, in two words, a diaphragm stretched across the vaginal orifice, and pierced by an *opening* of variable size, *central,* or *nearly central,* in position.

(*b*) The *semilunar* hymen defines itself; it is a diaphragm in the form of a crescent whose inferior convex border rests on the floor and lateral portions of the vagina, while the superior concave border limits the opening,—an opening whose size varies according to the height of the crescent; the ends of the crescent are lost within the folds of the labia minora. It sometimes happens that the membrane does not keep a clearly crescentic form, but takes more or less similar forms, of which one of the commonest is the *horseshoe* or *falciform;* the falciform hymen is only a variety of the semilunar hymen, but it is a common variety.

(*c*) The *labiate* hymen consists of two vertical folds placed behind the labia minora and sometimes,—when greatly developed,—suggesting a third pair of labia; between them is left a vertical median opening, perpendicular to the axis of the vagina. The commissure of these folds of the hymen above and below always has a certain vertical width.

Such are the principal forms of the hymen. It would not be difficult, under pretext of defining the variations more minutely, to complicate the classification by describing still other forms, but that seems entirely useless. What is the *comparative frequency* of the three types that we have just studied?

Writers have not answered this question. We can simply say that the labiate form seems to predominate in newborn infants and young children. Later, with the development of the parts the form may change and one of the other two varieties, the semilunar and the annular, may succeed the labiate; the latter may, however, persist.

We may note, in fact, that the three varieties of the hymen are closely related to each other; the following method of evolution will show this and will serve at the same time as the means of keeping in mind the typical forms of the membrane. Start with the annular form with a central orifice; if you carry the orifice up so that it reaches and obliterates the superior border, you have the semilunar hymen. On the other

hand, if you give the orifice an elongated form, you transform the annular hymen into a labiate hymen.

Up to the present we have given the description of the intact hymen in its simplest form, but in order to know this membrane well we must speak of two factors that, in actual cases, singularly complicate matters. These two factors are:—

A. *Folds* of the membrane.
B. *Notches* in its free border.

A. Let us speak first of *folds.* In babies and young children the membrane is smooth and well stretched. In older girls, in nubile girls, it is no longer so; the membrane becomes folded in its entire extent and that, too, no matter what its form, *annular, semilunar* or *labiate;* the resulting appearance could not be compared to anything better than to those *purses* or *tobacco pouches with strings* whose upper edge in closing becomes plaited and folded about the opening. The folds of the hymen vary in number; as many as 10 may be counted on each side. The method of formation of these folds is easily explained; it seems that the membrane in developing becomes too large in proportion to the orifice that it surrounds, and so has to become folded on itself.

The presence of folds in the hymen is of capital importance. A greatly folded hymen is capable of spreading out and increasing in size without breaking under the action of a rather voluminous body, such as the penis, that penetrates its orifice; the membrane unfolds and surrounds the penis without becoming torn. There occurs, then, something similar to what would happen if you were to introduce your finger into the opening of the *purse* or the *tobacco pouch* to which we have compared the folded hymen; under the force of your fingers the orifice would enlarge and its edges *unfold without breaking.* A comparison with the *prepuce* and the *preputial* orifice would be likewise very correct. When the prepuce completely covers the glans and passes beyond it in front you know that it becomes folded and plaited; it is much too large for the orifice it should circumscribe. But if we draw the prepuce back, it allows the voluminous glans to pass, by unfolding, and surrounds the glans without being torn. This is why

greatly folded hymens are sometimes called *purse-hymens* or *prepuce hymens.*

B. After the folds in this membrane, let us study the *notches* in its free border. It happens under many circumstances that the free border of the hymen, whatever the form of the membrane may be, instead of being smooth, is *notched* in various ways (Fig. 4). These notches are *natural,* in no way artificial; they constitute a conformation that it is indis-

Fig. 3.

Fig. 4.

Fig. 3.—Membranous hymen with two openings, one serrated, the other lobed. The subject was a virgin, 14½ years of age; menses appeared at 13½,—regular and lasting one or two days. (After *Jayle.*)

Fig. 4.—Annular lobed hymen on a virgin of 30 years. (After *Jayle.*)

pensable to know well, under penalty of committing grave errors, of finding, for example, an artificial cut, a defloration, in other words, where there is nothing but a normal structure.

The arrangement of these notches on the border of the hymen is very variable. Hofmann mentions a very common one: the notches are situated on the upper portion of the lateral borders of the hymen, toward the point of union of the lower two-thirds with the upper third, and they are placed

symmetrically, one on each side. The result is that a semilunar hymen thus notched on its edge appears to be formed of three *lobes:* two superior lobes and one median inferior lobe; and the labiate hymen appears *four-lobed,* with two superior lobes, one right and the other left, and two inferior lobes similarly situated.

But other arrangements may also occur. Dr. Brouardel has found one of the horns of crescent-shaped hymens notched, and the other not; he has also seen, in rarer cases, and always on a semilunar hymen, four notches so arranged that the hymen took its special form from one median posterior projection, two medium-sized lateral projections, and two small anterior projections.

The notches, as a rule, encroach only *slightly* on the free edge of the hymen, for 2 or 3 millimeters, for example. But this is not always the case; sometimes they divide the membrane *throughout its entire width,* from its free edge to its insertion on the vaginal walls or in the neighborhood of that insertion; then they no longer produce *lobes,* but veritable *shreds* or *divisions.* This is a fact that is of capital importance, for hymens in shreds, divided hymens, *yield* easily without rupturing during the intromission of the penis: the *divisions separate,* opposing no resistance, and later resume their former position.

The study of folds and notches does not, however, exhaust the morphological description of the border of the hymen. We should note the delicate *indentations* that may be present along the whole extent of this border, and, finally, the presence in certain cases of *projections* having the form of strong *eyelashes,* but rather soft and short; these formations have suggested the name *fringed* hymen.

It will be seen that the description of the intact hymen under its typical forms is sufficiently complicated. We have given, however, only general, indispensable facts that must be kept in mind under penalty of the expert's becoming greatly embarrassed in *specific cases.*

In terminating this description of the typical intact hymen, it is well to know the *average dimensions of the orifice of the* hymen. We may say that, whatever its form, this orifice in

little girls under ten years will easily admit a small sound, but rarely the little finger. In nubile girls the orifice ordinarily admits the introduction of the extremity of the finger (adult's index finger). But sometimes it will allow much more to pass (two fingers, etc.); it depends on conditions that we have already described, such as the presence of multiple folds, deep notches, and other conditions, to which we shall return below, such as the degree of resistance or of weakness of the membrane.

2. *Atypical Forms.*—After the study of typical hymens we should say a word concerning atypical hymens. My colleague, Dr. Delens,[4] has studied this subject in an excellent way in a classical memoir to which we refer those who wish more minute details on this curious question than those we can give here.[5]

One form of atypical hymen is the *imperforate hymen:* a complete diaphragm, without an opening, stretched in front of the vagina, a truly pathological hymen and one whose presence necessitates surgical intervention sooner or later.

Then comes the hymen in the form of a diaphragm *with a lateral opening,* which is really only a modification of the normal circular or annular hymen whose opening is typically central or nearly central.

A third variety consists of hymens in the form of diaphragms *pierced by two openings:* sometimes the two open-

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[4] Delens, Annales d'hygiène et de médecine légale, 2e série, t. xlvii, p. 493.

[5] An interesting series of studies on the hymen under a great variety of conditions has recently appeared in Paris. The papers are fully illustrated and some of the figures are reproduced here. The author is Dr. F. Jayle, and the articles were all published in the Revue de Gynécologie et de Chirurgie Abdominale as follows:—

La forme de l'hymen chez la fillette et la vierge adulte, 38 figs., t. xiii, No. 4, 1909, pp. 563-590.

L'hymen après la défloration, 33 figs., t. xiii, No. 5, 1909, pp. 755-788.

L'hymen après l'accouchement, 20 figs., t. xiii, No. 6, 1909, pp. 955-980.

Les modifications de l'hymen par les maladies de l'appareil génital, 8 figs., t. xiv, No. 5, 1910, pp. 417-424.—A. W. W.

ings are on the same level; sometimes on different levels (Figs. 3 and 5). This hymen has been called a *bridge-hymen*, a name which easily explains itself, for the orifices are necessarily separated by a *band* which forms a real *bridge*. Now let us suppose that this band or bridge is lacking over a part of its extent, we can easily imagine the shapes which will result; if simply the median portion is lacking we have a diaphragm pierced by an opening irregularly circular, from the superior

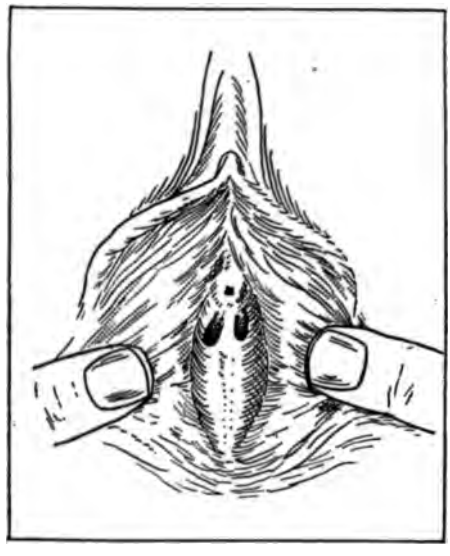

Fig. 5.—Membranous hymen with two small openings in the anterior portion. The subject was a virgin of 18 years, whose menses were painless and not abundant. (After *Jayle*.)

and inferior median portions of which a longer or shorter tongue-shaped projection extends into the opening, which thus assumes the form of a *double heart*. Suppose now there is left of the bridge only a superior, median, tongue-like projection or (which is more constant) an inferior; the opening then takes the form of a *heart on a playing card;* this is the *heart-shaped hymen*.

The last atypical form to which we will call attention is

the *cribriform hymen;* as its name indicates, it is a diaphragm pierced by numerous holes of small diameter.

The *consistency* of the hymen, both typical and atypical, is very variable. Sometimes the membrane is *thin, transparent* and *only slightly resistant;* sometimes it is *muscular, tendinous* and *resistant.* It sometimes happens that in old girls the hymen

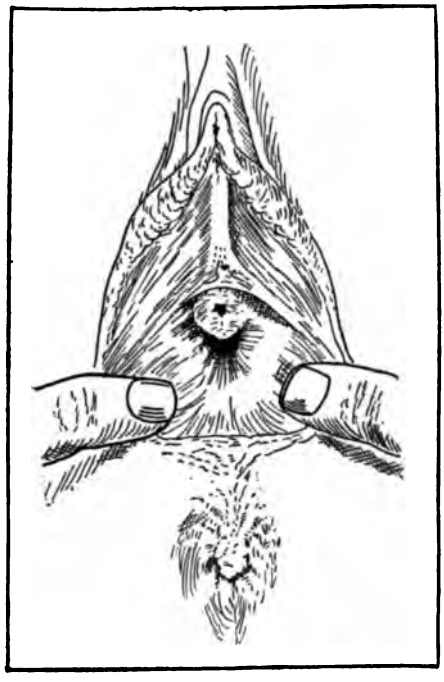

Fig. 6.—Absence of the hymen by malformation. The subject was three months pregnant, 22 years old; menses appeared at 16, painful, irregular, not profuse, lasting three or four days. The entrance to the vagina is infundibular with no trace of the hymen. (After *Jayle.*)

is really fibrous and even cartilaginous, almost bony; this, however, is rare and truly pathological. We have now finished the study, or rather rapid review, of the conformation of the external genital organs of the female, and we may now attack the question of rape.

RAPE.

Rape, as we know, is the *possession of a woman against her will,* in such a way that the object is accomplished *by force, surprise, deceit,* etc. This definition is not derived from the French Code itself, for it defines neither rape nor indecent assault, but from various decrees, and particularly decrees from the Court of Appeals, and is the definition in use today. Rape implies, then, as a necessary factor, the *possession* of the woman, that is to say, the *intromission of the penis into the vaginal cavity of the woman;* without this *intromission,* without this *possession,* it is only an *indecent assault.*[6]

In the study of rape there are naturally two introductory matters to be considered:—

1. It is necessary to state first how a physician should proceed in the examinations assigned to him,—what rule of conduct he should follow in such matters.

2. In the second place it is necessary to describe the signs of *virginity* and of *defloration,* since it is on these signs that most cases of rape are judged, and a preliminary knowledge of them is necessary to an understanding of the subject.

Rules for Examination in Cases of Rape.

The rules that we are about to give are the general rules applicable not only to cases of rape, but just as well to cases of indecent assault; they are, in short, the rules for a *legal gynecological examination:*—

(*a*) You should never proceed to make an examination without the *complete consent of the woman,* or, if it is the case of a child, without the consent *of the child's mother.* In a case where you meet with a refusal, do not try to go further; leave and notify the magistrate who commissioned you.

(*b*) If the girl or the woman is *in her menstrual period,* it is absolutely necessary to put off the examination to a later date.

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[6] This is not true in England and America, where mere penetration of the vulva is sufficient to constitute rape. See Appendix to Chapter I. —A. W. W.

(*c*) *Never* proceed *alone* to make an examination of a *girl* or a *woman;* always have a third person present, who need not necessarily be a physician, but may be a nurse, a woman whom you know, or an acquaintance of the person whom you have to examine. By failing to observe this rule you can expose yourself to very disagreeable surprises and see yourself accused of rape or of immoral practices by an evil-minded or hysterical woman or girl. If your examination is on *a child,* insist that the mother or some one of its relatives or persons living with it shall be present at your examination.

(*d*) In the inquiries that you will necessarily have to make, ask nothing except what is strictly necessary for the medical understanding of the facts: date of the assault; date of the appearance of a discharge; the objective appearance of this discharge; date of pregnancy or of the appearance of venereal lesions, etc. On incorporating all the information thus obtained into your report, make it perfectly clear that it is the *story* of the person examined and not the result of your own investigations. Draw it up thus, for example: Questioned by us, Miss X—— relates that ——; she claims that ——, etc.

(*e*) Always examine the subject,—woman, girl or child,—on a table *ad hoc* (speculum-bed, gynecological table, etc.), or, that lacking, have her lie crosswise on a bed with her legs hanging in front of you. Put the subject lying on the bed or the table into the position that is indispensable for a correct examination, namely, thighs separated and elevated, legs flexed and held by an assistant, etc.

(*f*) Pass in review and note carefully all the following points:—

Appearance of the external parts; their objective modifications.

Condition of the *hymen:*—

Presence or absence of *vaginal discharges;* their characteristics.

Condition of the *urethra* and *urethral discharge,* with its characteristics.

Condition of the *inguinal ganglia:*—

Presence or absence of *genital and extragenital venereal lesions.*

(*g*) Finally, *a point in practice of capital importance, never be satisfied with a single visit,* unless the examination should culminate in a completely negative result.

Always see the subject again, *if there is any pathological alteration,* at least once,—twice and more often if necessary, leaving an appreciable interval between each visit.

Keep this rule well in mind,—the reason for it will be clearer later,—*never to decide from a single visit;* never make a report with definite conclusions after a single examination. If the judge demands an official report from you after the first visit, give it only after having clearly expounded your objections, and in your report make every reserve necessary concerning the significance of the lesions which you have found.

CHAPTER III.

RAPE (CONTINUED).

Usual signs of virginity and of defloration.

The hymen is usually ruptured at the first sexual intercourse.—Exception to this rule: examples of the hymen remaining intact after defloration, after repeated coitus and until delivery.—Reasons for the persistence of the hymen in an intact condition in the deflowered woman.—True and false virgins; methods of distinguishing them; these methods not always absolutely certain.

Concerning the rupture and the cicatrization of the hymen after defloration.—Complete or incomplete rupture at the first coitus; the hymen in notches and artificial shreds resulting from the cicatrization of its wounds.—Carunculæ myrtiformes, debris of the hymen in the woman after delivery.

WE now begin the study of *the general signs of virginity and of defloration.* This, as we have said, is the indispensable introduction to the medicolegal description of rape. As a general rule, we may state the two following laws:—

(*a*) *The hymen yields at the first coitus and is torn under the force necessary for the intromission of the penis in erection.*

(*b*) *Coitus, and especially repeated coitus, produces accessory modifications in the condition of the other external genital organs in the female.*

From these two laws we can draw the following conclusions:—

(*a*) *The cardinal sign of virginity is the integrity of the hymen;* there are some further signs of secondary importance to be drawn from the condition of the other external organs.

(*b*) *The cardinal sign of defloration is the rupture of the hymen;* there are besides some accessory signs to be drawn from the condition of the other external genital organs.

As a general rule, the virgin can be distinguished by very clear-cut characteristics from the *deflowered woman,* and the chief of these characteristics is the hymen: *intact or whole in the virgin; torn in the deflowered woman.* But to this general

rule there are exceptions. It may happen that the hymen does not yield to the first coitus nor to the succeeding, and that deflowered women may have a complete hymen; the chief distinguishing characteristic, then, between the virgin and the non-virgin woman may be wanting in certain cases. Further, all has not been said when we state that the hymen yields at the first coitus under the force of intromission of the penis, and is torn, for it should be added that:—

1. The hymen torn by defloration undergoes a special cicatricial evolution.

2. It is greatly modified subsequently under the influence of repeated intercourse, if such takes place.

3. It undergoes a final and very important change if parturition should occur.

Such are the principal points that demand our immediate attention. Let us now enter into details and begin with a few words on the exceptions to the general law that asserts that the hymen yields to the first coitus; in other words, let us speak of *deflowered women who retain the hymen intact.* It is well established today by numerous examples taken from medicolegal specialists and obstetricians, both French and others, that:—

(*a*) An intact hymen may be found in a woman after a single sexual intercourse (whether consummated by force or with her consent).

(*b*) Still more, the hymen may resist the establishment of regular sexual relations, and the woman come to parturition with a whole hymen.

(*c*) Finally, even parturition may sometimes leave the hymen intact.

(*a*) As an example of the persistence of the hymen intact after a single coitus, not consented to, we will cite Chabbert's case: A raped girl became pregnant as a result of the rape without having had any subsequent coitus; the hymen persisted up to the time of delivery.

(*b*) Cases where the hymen persists in spite of the establishment of regular sexual relations and until a delivery occurs

are still more instructive. Casper[1] has stated that thousands of married people know this fact; this may be an exaggeration.

Taylor[2] cites a memoir by Dr. Saint-Clair Gray (*Glasgow Med. Jour.*, 1873) where there are collected several cases of persistent hymen in woman who had long lived in the married state; the two following seem particularly convincing:—

1. A woman of forty-three years, married for twenty years, still had an intact hymen with a narrow opening.

2. A woman of thirty years, married for ten years, had an intact hymen which was elastic and rebounding, says the author.

But there are still better cases. Intact hymens are found in prostitutes, for whom multiple daily intercourse is the rule. Parent-Duchâtelet has placed the matter beyond doubt for France in his excellent studies on prostitution. Taylor cites the cases of three women who had made a business of prostitution for seven, eight and eleven years respectively, and in whom the hymen was intact; in one of them it was almost cartilaginous in hardness. We shall soon cite a similar case from Budin.

French and other obstetricians have many times been surprised to encounter in a woman in labor an intact hymen which ruptured of itself under the pressure of the fetal head, or which it was necessary to incise in order to afford a passage for the head. Baudelocque, cited by Fodéré, speaks of a woman who came to term, whose hymen it would have been necessary to incise surgically if the head of the fetus had not torn it. Martinelli[3] reports the case of a woman of thirty years in whom they discovered at the time of labor, at three or four centimeters from the entrance to the vagina, a sort of *cul-de-sac*, which capped the head of the child; it was a biperforate hymen (atypical variety). The woman had already been married for ten years. Dr. Budin,[4] in his excellent

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[1] *Traité de médecine légale*, Trad. de G. Germer, Baillière, Paris, 1862.

[2] *Traité de médecine légale*, Trad. de H. Coutagne, Paris, 1881.

[3] Citation from Guérard, in the *Annales d'hygiène et de médecine légale*, 1872.

[4] Obstetrique et gynécologie, 1886, O. Doin.

investigations on the hymen, says that in three months, at the lying-in clinic, out of 75 primiparæ he has met with 13 cases of pregnant women who had preserved an intact hymen, with supple borders and without the least tear, which allowed one, two or even three fingers to pass unobstructed through its orifice into the vagina. Dastarac, in his inaugural thesis offered in 1890, has collected 47 examples of the presence of intact hymen in pregnant woman. In other countries the facts are as well established as in France. Casper and Taylor give examples taken from German or English and American obstetricians.

(*c*) Parturition results in rupturing the hymen when the latter has resisted sexual intercourse; however, in some cases, which, it is true, are very exceptional, the integrity of the hymen resists even the passage of the fetal head. Here is a case taken from the practice of Stolz (of Strassburg): A young woman was delivered for the first time and retained her hymen, which had the form of a ring or loose diaphragm, pierced by an orifice in its center; the hymen did not disappear until her second delivery.

The following case, taken from Dr. Budin (*loc. cit.*), is no less curious: A *prostitute,* twenty-two years old, a syphilitic, came to the lying-in clinic in 1879; she was seven months pregnant (it was her first pregnancy), and the child seemed dead. The examination of the genital organs showed that the vaginal orifice was intact; the hymen formed a complete circle. She was delivered of a dead, macerated fetus without losing her hymen, and so returned to her occupations as *intact* as she had entered the clinic.

These being established facts, what is the explanation of them, and how are we to suppose that a hymen is able to withstand being ruptured by sexual relations? There are two explanations:—

A. The penis has not penetrated, either at the first coitus or subsequently; there has never been vaginal coitus, but only vestibular coitus.

B. The penis does penetrate, passes through the orifice of the hymen at the first intercourse and subsequently, but it does not rupture the membrane.

The first method is very frequent. This is the one that we must assign to Martinelli's case cited above: The pregnant woman, a primipara, had kept an atypical, biperforate hymen, which was impenetrable for the penis.

The following case, taken from Budin, is equally typical: Two ladies came to his office. "Doctor," said the elder, "I have brought you my daughter; she has been married fourteen months, and nevertheless she continues to be a *virgin.* This situation is becoming intolerable." The examination of the genital organs showed that they were regulary formed, only the vaginal orifice was *very narrow* and *absolutely intact;* this orifice was very close to the urethra, and the hymen had the form of a crescent. The introduction of the *index finger* was, nevertheless, *possible,* and palpation showed the signs of a *pregnancy of about three months.* The mother and daughter were greatly surprised; they were ignorant of what we all know, namely: the possibility, the frequency even,—relatively, of course,—of these cases.

Cases of persistence and complete integrity of the hymen with *actual penetration* of the penis through the vaginal orifice seem more surprising at first thought, but in reality they are no more so. There are, in fact, two distinct varieties of hymen: those that are bound to tear when a voluminous body passes through their orifice, and those that can endure the passage without harm. We have already suggested this distinction in the preceding chapter when we spoke of the conformation of the intact hymen; we must return to it with some details.

The fate of the hymen after intercourse depends on its anatomical construction. We can say that hymens *provided with numerous folds, divided* hymens, hymens with a *broad orifice,* with *low edges,* of a *loose and extensible consistency,* allow the penis in erection to pass without their being torn; that, on the contrary, hymens with a small orifice, of firm consistency (without being cartilaginous), are ruptured by the effect of penetration. The labiate hymen is generally ruptured less than semilunar and annular hymens.

The first intercourse will be just as easy as the subsequent with a woman who has a hymen of the first variety, a hymen

which spreads open in front of the penis without opposing any resistance to it; while the first coitus and even the succeeding will be hard, difficult, and give the sensation of an obstacle sometimes insurmountable for a long time, with a woman who has a hymen of the second variety, which must be ruptured in order to be passed. Do not, however, be led to share the vulgar belief which holds that a virgin must necessarily be difficult to deflower, and that an easy first coitus in marriage is an irrefutable sign that the wife has already lost her virginity. Nothing is more false and more *dangerous* even than this belief, and let us cite in this connection the following case from Budin (*loc. cit.*):—

Mr. X——, a merchant, married at Paris a charming young girl, well brought up, who offered every assurance of his future happiness; he was radiant. The day after his marriage one of his intimate friends, who had been his best man, received a visit from him in the morning and found him somber and greatly depressed. "I am in despair," he said; "I am not unsophisticated; I have had several mistresses; never, never have I had such easy intercourse as I had last night. I have been *absolutely deceived.*" And no matter what objection was raised, and in spite of every sort of moral certainty that he could have, he persisted in his idea, made his wife very unhappy, and ended by leaving her.

Remember that there are *authentic virgins* who can easily be *examined with a speculum,* without tearing the hymen, which easily spreads out before the blades of the instrument.

In former times another explanation was accepted in some cases: it was believed that the vagina relaxed at this point during the menses, and that the virgin female could then submit to sexual intercourse without the hymen being ruptured. There is a celebrated story from Séverin Pineau on this point. Two men who had married women of chaste reputation were on the point of repudiating them the day after the marriage, because their conjugal attempts had been crowned with a too prompt success; the two wives were having their menses. They came to a better frame of mind when, after the menses, they experienced a singular difficulty in traversing again the route that had seemed to them so easy some days before. The

story is pretty, but the fact of the dilatation of the vagina by the menses with the possibility of overcoming the hymenial door without damage is an invention.

We see, then, that the presence of an intact hymen is not an absolute sign of virginity. With an intact hymen there are *true virgins* and *false virgins*. How shall we distinguish them? Here are the necessary points in this respect:—

If, in a woman with an intact hymen, you find the edges of the membrane *distinct* and *regular*, with an *orifice of small dimensions*, which scarcely allows the extremity of the finger to penetrate; if, when the thighs are separated, the hymen is well stretched, *all the presumptions are in favor of a true virginity*, or, to express it better and not go beyond what ought to be stated, all the presumptions *are in favor of a non-penetration of the penis into the vagina.*

The condition of the other external genital parts will furnish *accessory* confirmation to your judgment; there is, in fact, an assemblage of signs that Casper has called the *virgin state of the external genital organs*, an assemblage made up in the following fashion: *labia majora not much separated; clitoris not very large; labia minora in contact; fourchette and fossa navicularis intact; vagina narrow.* It is certain that such a condition is the special possession of virgins, but it is, nevertheless, true that it can be met with at times in a prostitute even.

On the other hand, if, in a woman who has an intact hymen, the hymenial orifice lets one, two or more fingers pass through easily; if the hymen is relaxed in such a way as to undulate and allow itself to be depressed easily, you will conclude that the woman can most certainly be a virgin, but also *that a body of the size of the penis in erection could perfectly well pass through the hymenial orifice without rupturing it, once or several times.* A true virgin or a false virgin, both are possible, and you cannot be certain of either, nor can you express such certainty.

The accessory signs of virginity, those which are drawn from the condition of the other external genital parts, are to be reviewed and carefully weighed in such a case, for they may be of great assistance. If, in fact, you find the labia

majora separated and flabby, the labia minora cutaneous in appearance and separated, the fourchette torn, the vagina enlarged, there is certainly very little probability that, even with the hymen intact, you have to do with a *true virgin*, and intercourse, if not habitual, at least *repeated*, is very probable. If the external parts are in the opposite condition, in what Casper calls the virgin state, the probabilities are then much greater in favor of true virginity, or, at least, it will be difficult to believe in repeated sexual relations.

It is clear, then, that in certain cases the diagnosis of virginity is a delicate matter, *and that there are cases when it is not allowable for you to affirm absolutely for or against it.* But very happily defloration without rupture of the hymen is not the rule, and at the first coitus the hymen is torn in the majority of cases. It is this *rupture of the hymen, the cardinal sign of defloration, and the consequences* of this rupture, that we shall study now. Let us, first of all, state the following propositions concerning this subject, and then develop them:—

1. The recently ruptured hymen exhibits one or several tears, which have the characteristics of a fresh mucous wound.

2. The divisions of the ruptured hymen cicatrize in place without reuniting with each other; there results a hymen in artificial shreds or divisions, still perfectly recognizable in its general configuration.

3. Successive acts of coitus separate these divisions.

4. Parturition transforms the hymen; it causes it to disappear, leaving as signs only the debris known under the name of *carunculæ myrtiformes.*

Having established these fundamental propositions, let us pass to their development.

1. The Recently Ruptured Hymen.

Under the force of the intromission of the penis, the hymen yields and tears, and the tear is made in one of two ways: it is either *complete* or *incomplete.* In other words, under the pressure of the penis the hymen is cleft at a certain number of points of which we shall speak later. Sometimes the tears

involve the entire width of the membrane; this is *complete rupture.* Sometimes they involve the free border merely; that is *incomplete rupture. Complete rupture* is the ordinary contingency in nubile girls; *incomplete rupture* in children up to about fifteen years.

Whether complete or incomplete the rupture gives rise to *hemorrhage.* In former times a great deal of importance was attached to this hemorrhage, and, according to the belief of certain ancient peoples, such as the Israelites and certain peoples of the present time, such as the Hindoos, for example, only the woman who had a hemorrhage at her first conjugal intercourse was considered to have given her virginity to her husband. Nothing is more false than this belief, and that for two reasons:—

(*a*) The first coitus does not invariably rupture the hymen, as we know, and without rupture, no hemorrhage.

(*b*) In case of rupture the hemorrhage may be minimal to such an extent as to pass unnoticed.

In some exceptional cases, however, the rupture of the hymen has given rise to a serious, abundant hemorrhage, which has even resulted in death.

Characteristics of Complete Rupture.—In this variety of rupture the hymen is cleft *through its entire width,* from its free edge to the vaginal insertion, and *at a certain number of points,* so as to produce *several divisions.* Tardieu has established the following propositions concerning the number and situations of these divisions; these propositions are interesting to know:—

The *labiate hymen* tears above and below at the commissure of the two lobes, the lobes themselves remaining intact; the rupture thus produces two large vertical divisions, one on each side (Fig. 11).

The *semilunar hymen* is cleft at two lateral points, so that the resulting figure is the following: a median triangular division, two lateral divisions.

The *annular hymen* is cleft at four points more or less regular (Fig. 12).

Dr. Tourdes[5] sees matters in a slightly different way. He

[5] G. Tourdes and E. Metzquer, Traité de médecine légale théorique et pratique, Paris, 1896.

considers that the annular hymen produces four divisions; the labiate hymen also four, two on each side, and finally the semilunar hymen forms multiple divisions, three or five behind, two on the sides.

All these descriptions sound a little schematic; they possess, consequently, only a very relative importance. The edges of the divisions produced by the rupture form a *mucous wound,* and exhibit the ordinary aspect of such wounds. They are uneven, red, bleeding; sometimes a slight suppuration is noted.

Characteristics of Incomplete Rupture.—Here the free edge of the hymen is cut at one or several points for a greater or less distance, but the tear never involves the entire width of the hymen. The edges of the tear exhibit the same characteristics of a mucous wound as the edges of the complete tear (Fig. 10).

2. Cicatrization of the Ruptured Hymen.

The second phase of the evolution of the ruptured hymen is its *cicatrization.* How much time is necessary for this cicatrization, and how does it take place? These are two points on which some details are necessary.

Opinions differ a little as to the period of time necessary for producing cicatrization and causing the *acute sign* of defloration to disappear. At the end of three or four days, says Devergie, the characteristics of a fresh, acute wound of the hymenial divisions have disappeared in great part; there is no longer left anything except the pink tint which accompanies the cicatrix of wounds of recent date. Orfila indicates the same lapse of time (four days), and Briand and Chaudé say from five to six days. Toulmouche gives a much longer delay, eight to twelve days, and we read in Tardieu that in some cases, exceptional to be sure, the cicatrization cannot be completed until the fifteenth or even the twentieth day.

How does the cicatrization take place? Let us first examine the process in cases of complete rupture. The method of cicatrization in cases of mucous or cutaneous wounds is well known; the two edges of the wound face each other

exactly and fuse one with the other, leaving between them, as a trace of the wound, a line of cicatricial sclerosis. In the cicatrization of hymenial wounds there is nothing of the sort; the divisions *remain separated.* Never, as a rule, do they reunite with one another; and the bleeding surface of their edges is replaced, when healing is complete, by a delicate mucosa whose appearance and consistency differ in no way from the appearance and consistency of the neighboring

Fig. 7.—Hymen torn obliquely by a confinement. The subject was a woman of 38 years, weighing 125 pounds, married at 27, confined at 28 of a child weighing 6 pounds. (After *Jayle.*)

mucosa which has undergone no trauma. The hymen that has undergone complete rupture presents the appearance, when the cicatrization of the wounds caused by the rupture is complete, of a *membrane composed of isolated divisions,* divisions whose form and number are determined by the number and the location of the tears; all these divisons are *in the same plane,* almost *in contact* with one another. They do not leave appreciable spaces between them except when the thighs are greatly separated, and never, in any case, do they constitute papillæ or isolated lobes. *The divided hymen in deflowered women preserves clearly the general form of the intact hymen*

which it has succeeded. And at this point belongs a fact to which we shall have occasion to return later, that the *artificially divided hymen resulting from the rupture of the membrane* can sometimes, when the characteristic of a fresh wound has disappeared from the edges of the divisions, be compared *to the hymen with natural or congenital divisions,* of which we spoke when treating of the intact hymen.

The cicatrization in cases of *incomplete rupture* follows the same procedure. Here, too, the adjacent edges of the

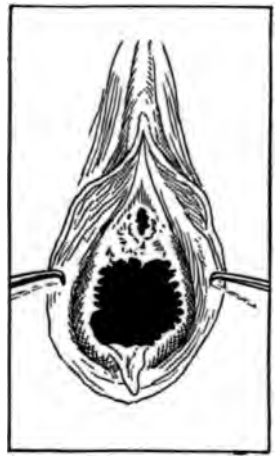

Fig. 8.—Hymen in the form of a serrated, dilatable collar. Note the posterior vaginal fold that forms a projecting tongue. The subject was a nullipara of 22 years; menses appeared at 15,—very regular and lasting three or four days. (After *Jayle.*)

bleeding tears that the rupture has produced on the free edge of the hymen do not fuse with each other; the wounds heal in place and the mucosa that covers them very soon assumes the characteristics of the healthy mucosa. The final result, then, is the establishment on the free border of the hymen of notches, not deep, *at times comparable to the congenital notches of this same border* with which we are acquainted from our earlier studies.

It sometimes happens, contrary to the general rule, that the cicatrix of the hymenial tears follows the model of ordinary

cutaneous and mucous cicatrices, coaptation of the two edges of the wound and complete fusion with an intermediate cicatricial line. Sometimes, again, there is only partial union, and the resulting figure is a notch of the free border with a whitish linear cicatrix below. Here is an example of each of these abnormal modes of cicatrization. The first is from Dr. Brouardel[6]; the second from Dr. Vibert. It concerns an examination made by Dr. Brouardel and Dr. Laugier:—

"One of us," he says, "was commissioned to examine a

Fig. 9.—A post-partum hymen. Complete rupture with separation of the parts on the right; incomplete tear on the left. The subject was a woman of 22 years, confined at 18 of a large girl. (After *Jayle.*)

young girl of fourteen years. He saw her four days after the rape. The hymen was torn for a distance of from 2 to 3 millimeters. The presiding judge, not knowing that an expert had already been commissioned, appointed another. The latter saw the young girl eleven days after the assault. He found the ***hymen intact.*** The disagreement of our two reports forced the presiding judge to appoint us both to see the young girl again. The third examination, thirty-five days

[6] Des causes d'erreur dans les expertises relatives aux attentats à la pudeur, p. 16.

after the assault, showed us that the rupture noted in the report of the first expert had healed in such a way that the two edges had fused, and the edge of the crescentic membrane exhibited no notch. But, in the place where the first expert had noted a tear was a white cicatricial line apparent, which was conspicuous by its color on the pink tint of the other parts of the hymen."

Dr. Vibert[7] saw on a little girl of nine years a tear of the posterior part of the hymen, a continuation of a tear of the

Fig. 10.—A dilatable crescentic hymen with a mere trace of a tear on the posterior border due to coitus. The subject was a nullipara of 26 years. (After *Jayle.*)

fourchette, which left a *white cicatrix;* this did not extend completely to the free edge of the hymen, which remained notched at this point.

It would be easy to collect still other examples of this method of cicatrization, which is, however, exceptional. If the coitus that ruptured the hymen was the first coitus, and if it was not followed by further intercourse, the hymen would retain the form that we have described; in the contrary case it would pass to the third phase.

[7] Précis de médecine légale, 3e edit., p. 354.

3. The Hymen in Deflowered Women after the Establishment of Regular Sexual Relations.

When, after defloration accompanied by rupture of the hymen, sexual relations become established, the hymen undergoes a new phase; under the influence of successive intromissions of the penis, the divisions separate, become reduced

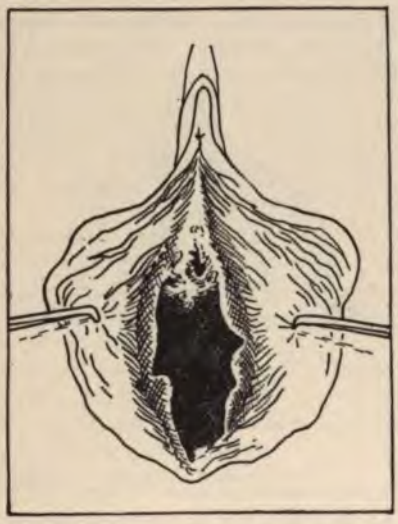

Fig. 11.—A lobed, labiate hymen; median posterior rupture due to coitus. The subject was a woman of 34 years, who had had three abortions at from two and one-half to three months. (After *Jayle*.)

in size, and so the transition becomes gradually established between the second phase, in which the deflowered woman who has had only a single coitus or a very restricted number of relations preserves a hymen of short divisions, and the fourth phase, in which parturition will leave nothing else but debris. This ruptured hymen of the deflowered woman who has habitual sexual relations is very characteristic, and can cause no confusion whatever (Figs. 8, 10, 11, 12).

4. The Hymen after Parturition.

This is the fourth and last phase in the history of the hymen. With very rare exceptions, of which we have spoken, all hymens,—whether they have resisted up to that time, keeping their intact form, or whether they have traversed the usual phases consecutive to rupture, phases described above,—all hymens disappear under the force of the fetal head and leave only debris (Figs. 7 and 9).

These divisions of the hymen that we have just seen in

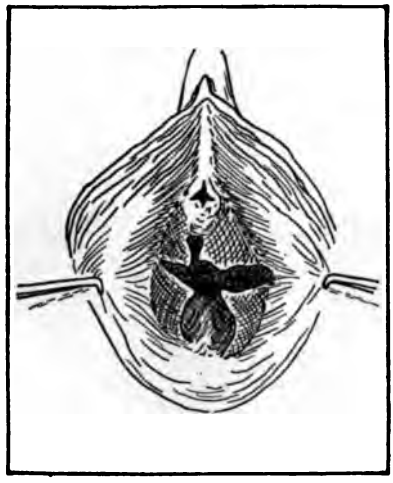

Fig. 12.—Annular hymen with a median anterior division that is doubtless natural (because of its form), and with three tears, right, left, and posterior respectively due to coitus. The subject was an anemic nullipara of 22 years, who had been married three months. (After *Jayle.*)

the deflowered woman who experiences coitus habitually are transformed into *carunculæ myrtiformes;* that is to say, into masses isolated from one another and affecting various forms: *vegetations, tubercles, cocks' combs, tongue-like projections, polypoid excrescences,* etc. In short, the hymen, which in all its successive phases since its rupture has always been recognizable and reconstructable, no longer consists of anything except debris, in which the traces of its primitive form have totally disappeared.

CHAPTER IV.

RAPE (CONTINUED).

Rape on children.—Rape does not occur below six years of age, and is exceptional up to ten years.—The signs of rape on children are: rupture of the hymen, traumatic lesions of the genital organs, the presence of sperm, venereal infections transmitted, various extragenital traumata.

Rupture of the hymen: it is ordinarily incomplete in children under eleven years; above that age, complete rupture increases in frequency as the age of the victim advances.

The traumatic lesions of the genital organs are constant in the raped child: they consist in a vulvitis and rupture of the genital organs. The gravest traumatic lesions are met with in the youngest children.

Extragenital traumata are rare in the raped child, who does not resist the criminal.—One series of these traumata is sadistic.

Diagnosis of rape.—Has there actually been a rupture of the hymen?—Distinction between the ruptured hymen and the hymen congenitally in fragments or notched.

Causes of rupture of the hymen other than coitus: traumatic causes and pathological causes.

Causes of lesions of the genital organs other than coitus.

Determination of the date of the rape.

Conclusions in cases of rape on children.

Now that we have learned the signs of virginity and of defloration, we may, without further delay, take up the study of rape. The examinations that you may be called upon to make will place you face to face with three groups of cases practically quite distinct, which we may classify as follows:—

1. Rape on a child.
2. Rape on a nubile virgin.
3. Rape on a woman already deflowered.

These three cases we may take up in succession, since they are clearly different from each other, and each raises its own peculiar problems.

Rape on Children.

Let us note, first of all, that rape is not possible on a child until a certain age is reached: *a child that is too young cannot be raped,* since the penis is not able to enter genital organs that are too small. I have not found in the literature a single case of rape on a child *under six years of age.*[1]

Taylor cites two cases of rape at that age, one from the practice of a Glasgow physician, and one of Hindoo origin. Tardieu has a case of rape at six and a half years: a little girl of that age was completely deflowered by a boy of eighteen with a slender penis. Then, at seven years, Taylor gives a case from Dr. Hilks, surgeon at Guy's Hospital: a little girl of that age was raped with complete rupture of the hymen; the guilty person was a boy of seventeen years.[2]

Under six years of age, then, a child cannot be raped: the penis cannot enter the internal genital organs. The few known cases of rape on children of *six and seven years,* cases at once exceptional and arising from special conditions (brutal violence, or slenderness of the penis of the violator), demonstrate that the criminal act is possible on children of that age, but rare. Up to *ten years of age* rape is exceptional (Tardieu); beyond that age and up to the age of puberty, rape becomes naturally more and more easy and frequent.

Rape in children manifests itself by a complexity of signs that we may first enumerate and then study in detail.

1. The penis, on penetrating the genital organs, comes into contact with the hymen and ruptures it; the *rupture of the hymen,* then, is a sign of rape in children.

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[1] The American reader must remember the distinction made by the French between rape and indecent assault; see Chapter II and also the Appendix to Chapter I.—A. W. W.

[2] To this list might be added the case reported in the Providence Medical Journal, May, 1909, by Dr. R. H. Carver, under the title, "Early Maternity." The Jour. A. M. A., vol. lii, No. 24, 1909, reviews it briefly as follows: "Carver brings forward documentary evidence in support of a case of maternity twenty-four days before the girl was 10 years old, the father being 15 years. The son born when last heard of was in jail, having previously served a term in the house of correction."—A. W. W.

2. The violence of intromission of the penis, and the disproportion in size between that organ and the parts that it penetrates, produce in those parts traumatic lesions of variable extent and severity; *the presence of traumatic lesions in the genital organs of children* is, then, another symptom of rape. The rupture of the hymen and the traumatic lesions of the genital organs are the two signs that are *the most characteristic and the most important* of rape in children, but they are not the only ones.

3. The coitus that has produced the rape may, like any coitus, leave *its traces in the form of ejaculated sperm* soiling the genital organs, neighboring parts and the clothing of the victim.

4. If the violator is infected, rape may result in the *transmission to the child of venereal diseases:* gonorrhea, syphilis, chancroids.

5. Finally, the violator may inflict lesions on various parts of the body of his victim apart from the genital organs.

The signs, then, of rape may be summarized as follows: *Rupture of the hymen; traumatic lesions of the genital organs; presence of sperm on the victim; infection with a venereal disease; various extragenital traumata on the body.*

We will postpone the consideration of spots of sperm and the transmission of venereal diseases from the criminal to the victim to the chapters on offenses against public decency, and we will take up here:—

A. The rupture of the hymen.
B. Traumatic lesions of the genital organs.
C. Extragenital traumata.

A. Rupture of the Hymen.

This may be *complete* or *incomplete* in the raped child. The younger the child, the less the chances of its being complete, and conversely, as the following statistics will show: Tardieu has found in children under eleven years of age 14 complete ruptures as compared with 25 incomplete; from eleven to fifteen years, on the contrary, he has met with 72 complete ruptures as compared with 21 incomplete. Dr.

Brouardel (in his comments on the translation of Hofmann) has found below eleven years 5 incomplete ruptures and *not a single* complete rupture; from eleven to fifteen years he has met with 4 incomplete and 9 complete.

We see, then, that, up to eleven years of age, complete rupture is rare. The penis penetrates as far as the hymen, but stops there, tearing it incompletely. In order that it may go further, that it may completely rupture the hymen and pass beyond it in children of eleven years and younger, special conditions are necessary: slenderness of the penis, or else, with a penis of normal size, brutal intromission that forcibly bursts the obstacle. Above eleven years complete rupture tends to become more and more the rule as age advances; the penis gets beyond the hymen by rupturing it.

Recalling what we have said at the beginning of this chapter on the difficulty, not to say the impossibility, of rape under a certain age, we may establish the following series:—

(*a*) Under six or seven years defloration is impossible: the penis cannot penetrate.

(*b*) Exceptionally from six to ten years, more often from ten to eleven, the penis penetrates, but usually stops at the hymen: *incomplete defloration* is the rule.

(*c*) From eleven to fifteen years the penis penetrates and usually passes beyond the hymen: *complete defloration* tends to become the rule.

It has seemed to some authors that only cases of complete penetration with rupture of the hymen,—in other words, of complete defloration,—constituted rape, and that there was only *attempted rape* when the penetration stopped at the hymen, at the very beginning of the deep genital passages; in other words, when the defloration, *begun by the incomplete rupture of the hymen,* was not completed. Dr. Pénard tried to introduce this distinction. It has already been rejected by Tardieu, and we find ourselves likewise unable to admit it.

Without doubt the cases where the intromission is total differ notably from those in which the penis stops at the hymen, inflicting on it only an incomplete tear. But *the intromission, even though only begun, is nevertheless a fact,* resulting clearly, it seems to us, in *rape,* according to the legal idea that

we have of that word, an idea to which we must hold without trying to complicate a question that is already only too difficult.

It is unnecessary to describe the *appearance* that the hymen assumes after complete or incomplete rupture; we have already studied its characteristics in the preceding chapter.

B. Traumatic Lesions of the Genital Organs.

These are always met with in the raped child. While of varying degrees of severity, they may, in a general way, be comprised in the two following categories:—

(*a*) *Vulvitis:* a mild trauma.

(*b*) *Rupture of the genital organs:* a serious trauma.

(*a*) The *vulvitis* may be slight and consist merely in a little reddening and swelling of the region. Or it may be more intense, accompanied by discharges, ulcerations, etc. We shall take up again this form of vulvitis and study it with the necessary amount of detail under the name of *traumatic vulvitis* in the chapters devoted to indecent assault.

(*b*) *Rupture of the Genital Organs.*—Rape sometimes produces in the genital organs of children a series of grave traumatic lesions, which may result in death, either immediately or secondarily, through a resulting peritonitis, etc. These lesions are: *ruptures of the perineum, of the walls of the vagina, and of the vaginal culs-de-sac.*

Let us take some examples of these grave lesions from classic authors; they will have the value of a didactic description. Taylor supplies us with the following cases:—

1. A little girl of twelve years, in whom a rape tore the inferior portion of the vagina for a length of half an inch.

2. A child of seven years: rupture of the hymen, tear of the vagina and of the perineum.[3]

3. A child of seven years: rupture of the hymen and a vaginal wound of about an eighth of an inch, extending to the perineum, with abundant hemorrhage.

[3] This case occurred in Hindoostan, where, according to Dr. Chevers, rapes committed on children are frequent and ordinarily produce grave lesions of the genital organs. The same frequency of rape on children (often conjugal rape) is met with among the Arabs; we shall cite a case further on.

4. A child of eight years, who *died of a traumatic peritonitis.* This peritonitis had its origin in lesions of the genital organs resulting from rape; the vaginal orifice was torn about its circumference, the perineum was completely ruptured, and the posterior *cul-de-sac* of the vagina was torn.

5. A child of six years: the vagina was torn in every possible way. One of the tears starting on the inferior surface of the vagina extended through the rectovaginal septum and the perineum as far as the margin of the anus; another opened into the wall of the rectum; the vaginal orifice was likewise torn from bottom to top, and laterally, etc.

In Hofmann we find a case taken from Albert. An Arab of sixteen years married a girl of eleven not yet nubile. She died the very night of the marriage, strangled by her husband, because of the shrieks of pain that she uttered. They found on this unfortunate child, a real victim of *conjugal rape,* a tear of the superior posterior portion of the vagina 4 centimeters long and communicating with the abdomen.

We will close this series of citations with Tardieu's case, No. 52: A young girl, Paggy, seven and a half years old, *died* from the consequences of a rape consummated with unheard-of violence. At the autopsy they found the following lesions in connection with the genital organs: "These are greatly torn, the vulva broadly gaping, the perineum destroyed, and the septum between the vagina and the anus has disappeared; the insertion of the vagina is torn away, so that the blood discharged into the abdomen runs out through the vulva; these lesions bear witness to the frightful violence to which the genital organs have been subjected."

It is clear, then, that, while traumatic lesions of the genital organs are the rule in raped children, they vary notably in severity, since they range from simple vulvitis to the frightful lesions reported in the case of Tardieu, lesions that necessarily result in death.

One may naturally ask the cause of this variation. The reason is not difficult to find; the *degree* of trauma suffered by the genital organs depends upon the two following factors:—

1. *The degree of violence of the intromission.*

2. *The degree of disproportion in size between the penis of the violator and the genital organs of the victim.*

It is clear, then, that in young children, where the vaginal canal is narrowest, a *violent intromission, carried to the limit,* is likely to produce the maximum amount of harm. This is confirmed by the examples just cited. What do we find there? That the *subjects were the youngest* (the eldest was eleven, and the two most maltreated seven and eight), and, consequently, had the *smallest genital organs;* and, on the other hand, that the *intromission was always carried to the limit,* since without exception it burst the hymen in the cases reported.

The *complete defloration of a young child* is then, *as a rule,* accompanied by *grave* genital lesions, and so much the more grave, naturally, as the child is younger; here, in fact, we find united the two factors in the production of severe traumata: smallness of the genital organs and violence of the intromission.

Incomplete defloration of a young child, on the contrary, is usually accompanied by only a slight trauma, benign or relatively benign, a vulvitis; for there is always lacking at least one of the two factors for the production of great genital traumata,—*violence of intromission,* which has not been carried to the limit, but has stopped at the hymen.

Another corollary of the propositions that we have enunciated is the following: the older the child and the nearer the age of puberty, the more often is *complete defloration* accompanied by slight genital lesions, sometimes even scarcely noticeable. The reason is, that one of the necessary factors for the production of grave genital traumata tends to disappear more and more, and ends even by vanishing entirely, namely, the *smallness of the genital organs.* It is, in fact, a natural law that, as the child approaches the age of puberty, the sexual organs tend to accommodate themselves to their normal function, which is to receive the penis in a state of erection.

C. Extragenital Traumatic Lesions.

These lesions are rare in raped children, for the reason that they are ordinarily the result of a struggle between the violator and his victim, and because in the present case the victim, a child, does not resist at all. Consequently, it is not necessary for the criminal to make himself master of her by force, to bind her arms or thighs, or to stun her with blows in order to terminate her resistance, as in the case of rape on a nubile girl or a woman. Nevertheless there are examples of mutilations, some of which are truly abominable, committed by the violator on the child, his victim. These mutilations are dictated by different motives, which we will study rapidly.

The autopsy on a young girl, A——, aged thirteen, was performed by Tardieu (case 49); she showed signs of a recent incomplete defloration and further:—

(*a*) About the mouth a broad excoriation with ecchymoses and the marks of finger-nails pressed into the flesh;

(*b*) On the neck considerable sanguinary congestion and an infiltration of coagulated blood on each side of the larynx.

The young girl, A——, had clearly been raped; the criminal had tried to stifle her cries by violently applying and holding his hand over the mouth of his victim; finally he had *strangled* her. This, in fact, is the course of events in some such cases. It is not to overcome a resistance that does not exist, but to reduce his victim to silence, to stifle her cries, which are her only defense, that the criminal kills the child. Further, the violator assassinates his victim in order to rid himself of the witness who might denounce him. Such, then, is the motive that moves some criminals,—to kill their victim in order *to assure safety for themselves.*

But there are other cases in which the motive is very different. These cases are easily recognized by the tortures that the criminal inflicts on his victim in addition to rape. Here we no longer have to do with a simple assassin: the violator indulges in veritable refinements of cruelty on the child, terminating most often in death.

The following case taken from Tardieu (case 52) will give a good idea of these abominable acts. It is the case of the

young girl, Paggy, aged seven and a half years, tnat we cited a little while ago in speaking of grave genital traumata. Here is the rest of her history: "The body is covered with wounds; we can count *seventeen* scattered about the head, on the chest, the abdomen and the flanks. They consist of wounds regular in shape, all of the same size, made with a cutting and perforating instrument with a narrow blade. They were all made while the child was still alive." Tardieu gives the details of the wounds; let us mention merely a wound deeply dividing the chin and another dividing the ear; in the flanks and hypochondrium were five wounds, of which four penetrated to the interior of the visceral cavities, perforating the lung, the stomach, and dividing the renal artery.

Such abominable crimes bear witness to their nature; they are crimes of *sadism,* and that is a subject of which we shall consider all the necessary details when we come to take up the *perversions of the genital instinct* farther on.

We now know the signs of rape in children, but the subject is far from finished, and we must next *study all the problems that the examination of cases may bring up, and weigh the difficulties and seek for the one or more solutions.* In every examination for rape on a child, you must ask yourself and answer the following questions:—

1. Is there *really* a rupture of the hymen?

2. This rupture and the concomitant genital traumata, are they the result of the intromission of the penis, or of some other cause?

3. The defloration established, at what time did it take place?

1. *Is there a rupture of the hymen?*

There are three possible conditions of very unequal difficulty:—

(*a*) You find on the hymen one or several *bleeding wounds,* or wounds with bright-red edges, dividing the membrane either completely or in part. The answer in this case is easy: rupture of the hymen is certain.

(*b*) You find a hymen broadly divided throughout its entire extent at one or several points; the parts are in contact in the same plane and show no fresh surface, but everywhere a

healthy, pink mucosa. Such a hymen can be only a hymen congenitally in shreds, or a hymen that has been ruptured by defloration some time before and has healed.

To distinguish between these is a delicate question; the solution is far from being easy in all cases, and a certain amount of reserve in one's conclusions is decidedly necessary in the majority of cases. Hofmann, who has made an excellent and very practical medicolegal study of the hymen, says that the following argue in favor of a hymen congenitally in shreds: the parts *regular in shape, not numerous,* arranged in a *symmetrical* fashion, and of a *naturally rounded* form.

(*c*) The difficulties are still greater in the third case, where you find a hymen with notched edges. The notches nowhere exhibit the characteristics of a fresh wound; the mucosa is a natural color everywhere. There are two possibilities: either the hymen you are examining is a hymen congenitally notched or it is a hymen that at some previous time has been incompletely ruptured at several points, and the solutions of continuity have healed in the regular way.

The differentiation is not easy and here we must recall the words of Hofmann: "No errors occur so frequently in any medicolegal examination as in those that relate to the condition of the hymen." Examine the notches closely; if you are fortunate enough to perceive at the base of one a white, linear *cicatrix,* you can boldly decide that that notch was due to a rupture. But it is well known that a ruptured hymen rarely heals by a cicatrix of that sort, and what covers a healed wound is ordinarily "a very delicate mucosa whose appearance and consistency differ in no considerable degree from that of the neighboring mucosa." (Hofmann.)

How is the problem to be solved then? "We must take into consideration," says Hofmann, "the entire configuration of the region, the characteristics of the edges and the corners whose rounded angles will point to a congenital condition." In other words, you will be and you will remain greatly perplexed, and you will maintain an absolute reserve in your conclusions, which will be only too well justified.

2. Rupture of the hymen and the concomitant genital traumata, are they the result of the intromission of the penis, or of some foreign cause?

In the first place, it is certain, so far as the hymen is concerned, that coitus does not constitute the only cause of the rupture of that organ, and that beside the intromission of the penis, a cause that we may designate as *physiological*, we find ruptures due to *traumatic causes* and to *pathological causes*.

Let us pass in review the ruptures of *traumatic origin*. First we meet with *masturbation*, to which there has been attributed an importance whose value we shall, following Hofmann, proceed to debate.

Masturbation is practised with the finger or with some foreign object of one sort or another. Digital masturbation consists ordinarily in little girls in friction of the clitoris and of the inner surface of the labia; there is nothing in these manipulations that can injure the hymen. Sometimes the finger is introduced into the vaginal cavity; this procedure does nothing except dilate progressively the vaginal orifice; at the most the finger-nail might slightly injure the edge of the hymen.

It is true there are authors who claim that certain little girls practise masturbation with such passion that there may result extensive and multiple tears of the hymen. *A priori*, it is difficult to believe that the pain would not stop such manipulations. Hofmann has, furthermore, examined with this object in view idiotic and imbecile girls of all ages such as abandon themselves to masturbation passionately, as we know; he has never seen ruptures or traumatic notches of the hymen. The question, then, is determined as far as digital masturbation is concerned. It is no more troublesome in the case of masturbation practised with various foreign bodies; these, such as needles, for example, may bring about accidents, but do not produce a rupture of the hymen.

If masturbation in its various forms is incapable of producing a rupture of the hymen, the same is not true of *indecent assaults consummated by means of the finger* on little girls; in other words, *manipulations with the finger*, attended by more or less violence by an individual on a little girl; here rupture may perfectly well occur.

Here are some authentic cases. Dr. Brouardel reports the following case: A little girl of three years was left alone for

a moment with a young man of twenty-two. Her mother came into the room to look for her; she found her child in tears and discovered blood on her sexual organs. The specialist found the vulvar ring divided behind by a linear tear forming a little fresh notch of 2 millimeters extent. The lesion had been produced by a cut from the finger-nail of the young man, who had profited by the absence of the parent to introduce his finger into the genital organs of the child.

In this case the rupture of the hymen was of little importance. In the two following cases it is more like the rupture produced by the penis. Tardieu (case 25) tells of a girl of fourteen and a half years in whom he found the hymen torn in its inferior portion, below the free border; this free edge was intact and formed a crossbar in front of the opening of the vagina. This perforation, of a somewhat unusual form, had been produced by the sudden and violent introduction of the finger of an individual into the genital organs of the child. My distinguished colleague and friend, Dr. Laugier, has cited a case of complete defloration in a little girl of four years produced by the brutal introduction of a person's finger into the genital organs (Tardieu's case 55).

Then we have another group of traumata capable of rupturing the hymen; they are falls from a horse, falls on the ground after violent jumps, the *legs being separated.* We have here, to be sure, very exceptional cases, which can easily be counted. Tardieu cites two, and here is one communicated by Dr. Moret, of Courlon (Yvonne), to our colleague Vibert, a typical case which deserves to become a classic. A little girl of five and a half years fell from a height of three or four meters; an hour later they found on her hymen a bleeding tear, linear and oblique, a centimeter in length.

We see, then, that there are traumatic ruptures of the hymen, as well as those produced by coitus, and these ruptures, it should be well borne in mind, *have no signs that distinguish them from those produced by the penis.*

Let us now examine ruptures of the hymen of *pathological origin.* It is well known that there are a certain number of *affections that are destructive to the vulvovaginal mucosa,* such as *ulcerations of the vulva, gangrene of the vulva, aphthæ,*

etc. But this matter need not detain us; the diagnosis is never difficult, and the lesion of the hymen is, with a little care, easily referred to its cause.

We all know *what frightful lesions of the genital organs* rape may at times leave in its train. We must now ask whether rape is *the only trauma* that can rupture the vagina, the perineum, etc., in this way. Hofmann has formulated the answer thus: "If you find extensive tears of the genital organs, it must be remembered that they are due to some other cause, such, for example, as the forcible introduction of the finger, rather than to the introduction of the penis, for such force cannot be referred to the latter. Despite the large number of investigations that Casper and Liman have made, they have never found such extensive tears." "Nevertheless," Hofmann adds, "the fact does not appear impossible in cases of excessive brutality . . . and we do find some cases of that kind." These cases we are familiar with, as we have cited some of the most typical.

It must be admitted, then, that the intromission of the penis is not the only cause of the rupture of the hymen, nor the sole cause of the concomitant genital traumata. This is a fact of capital importance which we must keep in mind; we shall see the use to be made of it when the question presents itself of determining the conclusions to be drawn from an examination.

3. *At what time did defloration take place?*

We have already given elsewhere the factors in the solution of this problem, a solution that can never be anything more than approximate; we may recall them in a few words. Defloration is *recent* when you find on the hymen one or more tears that exhibit the characteristics of a bleeding wound. You may say that the term recent is very indefinite, and that it may not be satisfactory in court.

Recalling that the characteristics of a fresh wound may, according to the literature, persist for from four to fifteen days after the rupture, you must admit that it is not desirable to state precisely or try to determine, from your examination, the exact date of the defloration.

Defloration is not recent when the tears no longer exhibit the characteristics of a fresh wound, and there, again, confine

yourselves to this general statement; the wish to give a definite answer may lead you into committing odd and grave errors.

Such are the principal problems that the examination raises in the case of rape on children. You know the *signs* and the factors in the *diagnosis;* it remains to be seen how the *conclusions* are to be drawn.

The conclusions form the most important part of the report of the expert; it is there that you summarize in a few words, *clear and intelligible* to everybody, the items brought out in the course of your report, which are sometimes in a form a little didactic and abstruse. There, everything must be weighed; everything must carry. Remember, as a general rule of procedure, that the conclusions should always be *simply and exactly* adequate to the facts that you have established and developed in your report. They must be and remain *medical;* never venture to formulate a hypothesis.

The following is a very simple outline of the conclusions in cases of rape on children, which seems to us to keep within the limits of that scientific reserve and procedure beyond which you may not venture to pass:—

1. There is present, or there is not present, a rupture of the hymen (*defloration*); or else the rupture of the hymen (*defloration*) has not been proven.

2. The rupture (*defloration*) is either complete or incomplete.

3. It is recent or not.

4. It is accompanied by genital lesions which are . . .

5. All these lesions are the result of the intromission of a hard and voluminous body, *such, for example, as the penis in erection.* This is a very excellent formula of Tardieu's; it prejudices nothing, in fact, and further (certainly in most cases), where the defloration and concomitant lesions are due to the intromission of the penis, it reserves a place for the cases where the conditions are the result of the forcible introduction of the fingers, or of some other foreign body.

6. We have noted in such and such a place the presence of sperm.

7. There is, or is not, evidence of a venereal affection transmitted (syphilis, chancroid, gonorrhea).

8. There are present in such and such a part of the body signs of violence characterized by . . .

Such is the general scheme that we would propose for your conclusions, a scheme, of course, that may be modified to suit particular cases.

CHAPTER V.

RAPE (CONTINUED).

Rape on the nubile girl or the adult virgin.—Is it possible to rape an adult virgin in the full possession of her will and consciousness? The act is always possible when several individuals act in concert, and by a single individual under certain special circumstances.

Signs of rape on the adult virgin.

Rupture of the hymen is not absolutely constant.—It is more often complete than incomplete.—Traumata of the genital organs are rare.—Extragenital traumata are frequent: their cause lies in the necessity for overcoming the energetic resistance of the victim, the desire to dispose of the witness of the crime, and finally sadistic perversion.—Other signs are the presence of sperm, the transmission of a venereal disease, and the impregnation of the victim.—Psychic disturbances consequent on rape.

Diagnosis of rape on the adult virgin.—Cases where the hymen is ruptured and cases where it is intact, etc.

Conclusions in a case of rape on an adult virgin.

Rape on a woman or girl already deflowered.—Rarity of this act.—The most important sign, the rupture of the hymen, is lacking here.—The other signs are those of rape on the adult virgin.

Examination of the cadaver in a case of rape.

IN the last chapter we have given the history of rape on children under fifteen years of age. It now remains for us to study *rape on nubile* (or adult) virgin girls, and rape on *deflowered girls or women.*

RAPE ON NUBILE (OR ADULT) VIRGIN GIRLS.

Under this term we understand girls over fifteen years of age. Rape on this category of subjects is much less frequent than on children, and it becomes less frequent the older the girl. Tardieu records in his practice 80 cases of rape on girls between fifteen and twenty years of age, and only 10 on older girls. This fact we have already established, and we need not return to it here.

The crime of rape on a nubile virgin girl is accomplished under two clearly distinct conditions:—

1. The girl is in full possession of her will-power and is in a state of complete consciousness.

2. The girl is, *naturally* or *artificially*, deprived of will.

We shall devote a chapter to the assemblage of conditions under which rape is accomplished on girls or women deprived of will-power, and we shall speak here merely of common rape, such as is accomplished *on a girl in full possession of consciousness.* It goes without saying, of course, that, no matter what the conditions under which the crime is committed, *the physical characteristics of defloration* are in no way changed.

First of all, we are confronted by a question: *Is it possible to rape an adult girl in full possession of her will and consciousness?* The answer cannot be given in a word; we have here to do with specific cases which must be examined.

Rape is easily accomplished when several *individuals* together attack a girl, and cases of this sort are far from being rare. Rape, on the contrary, by an individual who is *alone* and attacks a *vigorous* girl *who knows clearly what is wanted* and does not consent to it, appears *a priori* an impossibility. All that is necessary, in fact, to prevent any intromission of the virile member, is movements of the pelvis executed by the girl. Voltaire has said: "For artful girls who complain of having been raped, we shall have to relate how a queen formerly rejected the charge of a female plaintiff. She took a scabbard, and keeping it in constant motion, she showed the woman who held the sword that it was impossible to replace it within its sheath." And, in fact, rape of this sort is rare and difficult, but it is not impossible, and can be accomplished under a series of conditions which we will pass in review.

(*a*) In the first place it may be that a vigorous girl in full possession of her consciousness finds that it is physically absolutely impossible for her to resist the assault, and, helpless, she yields to the crime that is committed upon her. In Hofmann is the account of three very curious cases which belong to this category and will help us to fix the circumstances.

The first is taken from Berndt: A young peasant girl had just collected a very heavy bundle of herbs and had

wrapped it in a cloth. Then she threw herself down, her back against the bundle, and put her arms into the straps of the cloth so as to raise her load. Precisely at this moment she was surprised by an individual who raped her in this position, a position such that she was unable to offer the slightest resistance.

The second case is taken from Maschka: A young girl who had allowed herself to be packed, so to speak, into a carriage, between some straw and a feather bed, had to submit to coitus, in spite of herself, in this position.

The third case is very instructive also. A peasant girl let her girl friends, for a joke, tie her hands together below her knees, which were flexed; then they put a stick between her arms and her doubled-up knees, which, in this singular position, made her absolutely unable to move. Her friends went off and sent a male servant to her, who raped her, accomplishing coitus from behind, ***more canum.***

(*b*) A single individual can sometimes render a vigorous girl, whose hands and feet are free, absolutely unable to defend herself. The following case, taken from Casper, will make what we mean clear: L—— enticed to the park a girl, P——, ***adult and in good physical condition.*** There, seizing her suddenly by the body, he threw her quickly to the ground, pulled up her skirts over her head, and thus depriving her of all means of resistance, raped her.

(*c*) Finally, it may happen that the girl resists and resists vigorously for a certain length of time; then tired out by the struggle, overwhelmed by the force of her assailant, she finally yields. Incapable of maintaining her resistance longer, reduced to helplessness, she submits to the crime which is committed upon her.

Such are the circumstances under which the crime of rape may be accomplished on a vigorous adult girl in a state of complete consciousness. They are rather limited. It is quite otherwise when the girl is *young, not vigorous,* and knows imperfectly what is wanted of her. A *physical infirmity,* such as paralysis, for example, naturally constitutes a very favorable circumstance for the violator. Dr. Vibert has reported a case of this sort.

This rapid study may be summed up as follows: The younger an adult virgin girl, the more naïve, the more disproportionate in physical strength to the vigor of the aggressor, so much the easier will it be for a single individual to rape her.

Let us now pass to the *signs of rape on the virgin girl.* They are, in general terms, the signs that we have studied in the case of rape on children, *with several special differences,* differences that depend particularly on two circumstances: *the greater size of the genital passages* in nubile girls, and, in the second place, *the greater physical resistance* offered to the criminal. We will pass over briefly the general traits with which we are already familiar, and emphasize especially the peculiar, specific characteristics that we are studying.

1. *Rupture of the hymen.* This is *ordinarily,* but not absolutely, constant, for there are, as we know, hymens folded or congenitally lobed which yield without rupture to the passage of the penis. When the hymen is ruptured, defloration is more often *complete* than *incomplete.* Tardieu found in girls from fifteen to twenty complete defloration 76 times, and incomplete defloration only 4 times; in girls over twenty he found 6 cases of complete defloration and none incomplete.

2. *Concomitant traumata of the genital organs.* Here there is no vulvitis, and especially, as a rule, no rupture of the genital organs as in young children, for the adaptation of the genital passages to the virile member is an accomplished fact. Toulmouche, however, has noted rupture of the perineum in a girl of twenty-five, and Liman has cited a similar case. It is perfectly possible that the penis may cause these traumata if the genital passages have remained below their normal development, or if the criminal possesses a virile member of exaggerated dimensions and accomplishes the act with savage brutality. But it is certain that the traumata of the genital passages in the raped nubile girl result more often from the action of the *hands* than from that of the penis, and are dictated by that *sadistic instinct* which we shall study later as a whole.

3. *Extragenital traumata.* Just as they were rare in children, so they are frequent here. There are three motives for these traumata.

(*a*) The purpose of some is to *overcome the resistance* of the victim who defends herself. These traumata, consisting in general of ecchymoses and cuts with the finger-nails, affect *characteristic sites.* We find them *on the arms and wrists,* which the criminal or criminals have seized in order to stop the resistance of the victim; *on the lower extremities, above the knees and on the superior portions of the thighs;* the criminal forcibly separates these parts so as to be able to get at the vulva; *about the neck, on the lips and the face;* the criminal seeks by pressure in this region to stifle the cries of his victim. It goes without saying that the violator does not always confine himself to these relatively slight traumata. The struggle destined to overcome the resistance of the victim terminates too frequently in strangulation or in assassination by knife thrusts.

In view of what we have said it is not surprising to find that there are cases of rape perpetrated on adult girls which exhibit no trace of extragenital traumata; they are the cases, of course, in which, at the moment of rape, the girl is unable to resist and to struggle; the criminal has no resistance to overcome, no struggle to encounter, and, consequently, no traumata to inflict unless he is impelled by one of the two motives that still remain to be considered.

(*b*) Some criminals seek, by the assassination of their victims, to suppress the only witness of their crime, and believe themselves thus assured of impunity.

(*c*) Finally, a *third motive* is *sadism,* which we shall study later. This leads the criminal to inflict on his victim the most varied traumata, the most abominable tortures executed in a scene of savagery that often ends in assassination.

4. The picture of rape in nubile girls is completed by the presentation of the *three* following symptoms: One, which may be qualified as an *immediate* symptom, is the *presence of semen* on the body of the raped girl or on her garments. The second is a symptom that may be seen several days or several weeks afterward; it is the *transmission of a venereal disease,* which naturally must be sought for on the accused person, to make what Dr. Fournier calls so picturesquely and justly the *confrontation.* The *third* symptom, of late appearance, is the

occurrence of pregnancy. In certain cases this late sign may be of cardinal importance. While it confirms the statement of the victim, it may, on the other hand, by the establishment of dates, expose an imposture.

In closing the study of rape in adult girls we ought to say that the criminal act often leaves very important *psychical results* with which we do not have to concern ourselves in children; these are *various nervous disorders* and the *outbreak of hysteria.*

We must now examine the problems raised by rape on adult virgin girls just as we did in the case of rape on children.

1. The first question that presents itself is: *Has there been defloration?* There are two kinds of cases: (*a*) the hymen is ruptured, or (*b*) the hymen is intact.

(*a*) If the hymen is ruptured, and freshly ruptured, there is no difficulty; we shall find all the characteristics with which we are acquainted and which establish the fact of defloration on a firm foundation. But if the ruptured hymen has had time to cicatrize, it is then a question between a *hymen torn artificially* and a *hymen congenitally lobed.* We have spoken elsewhere of this delicate question, the solution of which ought never to be given except with the most express reservations.

(*b*) A girl who claims to be the victim of rape presents herself with an intact hymen. What has to be determined in this case is whether coitus could really have taken place without rupturing this hymen. We have already stated the facts on which one's judgment must be based. While there are hymens whose form, structure and appearance are such that it is possible to say that intromission could certainly not have taken place, there are, on the contrary, hymens for which we must admit the possibility of the intromission of a body of the size of the penis in erection without any harm resulting to this membrane. These hymens we are familiar with; they are the hymens which are *folded,* which have a *naturally large orifice,* etc. This intromission, however, it will be just as difficult to affirm as to deny in cases of this sort, and we must observe the greatest reserve in forming our conclusions.

2. *Is the defloration the result of coitus?* Here there are ninety-nine chances out of a hundred that such is the case;

but the hundredth chance, and the possible rupture of the hymen, for example, under the influence of a rough introduction of the finger, or of some hard body, etc., must always be kept in mind.

3. *Is the defloration old or recent?* We have already said all that is necessary on this question.

We must now formulate our *conclusions,* and these conclusions should be confined strictly to the *medical field,* and should be adequate to the facts established, and nothing more. There is a term that ought never to figure in your conclusions; it is the word *rape.* To say that there has been rape is to affirm what you do not know, and what only an eye witness of the scene could know, namely, the existence of coitus not consented to, practised by force or, in the absence of force, by trickery.

Now all the signs that you meet with in a raped woman, all the signs that we have enumerated, do not signify *pathognomonically* (allow us the word) rape. Medically they signify this: that there has been coitus, and that the woman has been the victim of various assaults. It is perfectly certain that this array of symptoms is found united most often in the case of rape; but they could, by a certain concurrence of circumstances, rare but admissible, be found in a girl who had not at all been raped. Suppose, for example, that a virgin yields of her own free will to a lover; she is deflowered. Some hours later she quarrels with her lover, or some other person; she gets a beating and thus has traces of assaults on her body. For revenge she accuses her lover, or the person who beat her, of having raped her. You are commissioned as an expert; you find recent defloration, traces of assaults on the body, and you conclude from these facts that there has been *rape.* But later the inquiry demonstrates the trickery, and there you are with your error. You would not have been so badly involved if you had been content to state simply what you had established: on the one hand, defloration; on the other, marks of violence on such and such parts of the body of the girl.

Having made these general recommendations, and begging you to keep them well in mind, let us come to the *conclusions* to be formulated in cases of rape on the adult virgin girl:—

1. The *first* of your conclusions should have *reference to the defloration,* and it will be necessarily comprised in one of the *four* following *statements:*—

(*a*) There is no apparent defloration, and it does not seem that a body of the size of the penis in erection could have penetrated without tearing the hymen.

(*b*) There is no apparent defloration, but it is possible that a body of the size of the penis in erection could have penetrated without tearing the hymen.

(*c*) There is defloration, and this defloration is old or recent.

(*d*) It has not been possible to demonstrate that there has been defloration, but, on the other hand, we cannot deny absolutely the possibility of such defloration.

These conclusions represent the summing up of all our studies on the hymen of adult girls, and of our discussions on true virginity, apparent virginity, and hymens artificially torn and congenitally lobed and notched.

If you find distinct traces of *defloration* formulate thus your second conclusion:—

2. The rupture of the hymen is the result of the introduction of a body voluminous and hard, such, for example, as the penis in erection. This is Tardieu's formula, which reappears here again, and it seems a very happy one.

3. There exist on the genital organs lesions concomitant with the defloration, and consisting in . . .

4. There exist traces of semen at such and such places.

5. There exists a venereal affection having such and such characteristics, such and such a location, such a probable date. . . .

6. There exist on such and such parts of the body traces of assaults, characterized by . . .

7. There exist signs of pregnancy apparently dating from . . .

Rape in Women or Girls Already Deflowered.

Just as in the case of rape on the adult virgin girl, so in rape on the already deflowered woman or girl, the act may be accomplished under two different conditions:—

1. On a woman having full possession of her will and consciousness.

2. On a woman naturally or artificially deprived of her will.

The first condition alone will occupy us at present.

Rape on a woman possessing her will and her consciousness is effected under the circumstances that we have pointed out for the adult virgin girl; there is no need to repeat them. But what should be noted is the rarity of rape committed on deflowered women. Devergie has rightly said that, for every thousand crimes of rape committed on children or young girls, we find *at most only one* committed on an adult woman. Further, from the medicolegal point of view, this kind of rape is far from presenting the interest and the clearness of symptoms that we have encountered in the two preceding categories.

And first of all the *cardinal sign*, the *irrefutable witness* of the intromission of the penis into the genital passages, is lacking here; we mean defloration, the rupture of the hymen. The penis of the violator, in fact, meets only a hymen long since ruptured, sometimes reduced to the state of carunculæ myrtiformes by childbirth. Here it is impossible for the expert to affirm the material fact that coitus has taken place from the objective appearance of the genital organs.

Genital traumata are very rare, for the genital passages are unobstructed. Accustomed to sexual intercourse, they admit without any reaction the organ of the violator just as they admit the virile member in coitus that is consented to. Nevertheless, rape is sometimes accompanied by genital traumata. Dr. Vibert cites the case of a prostitute who, in the course of two hours, was raped by sixteen individuals, several of whom repeated the act. The state in which the genital organs of this unfortunate must have been can readily be imagined. But genital traumata result most often from some *sadistic act*, and are not produced by the penis, but by the hand or some foreign body.

Extragenital traumata are produced on adult women under the same circumstances, and exhibit the same characteristics as in the raped adult girl; we need not repeat them.

Finally, there are the traces of sperm, the transmission of

venereal disease, and pregnancy resulting from the coitus of rape,—a pregnancy concerning which you will not undertake to name the real author; further, do not forget the psychic and nervous disturbances (hysteria, etc.) that the crime may leave with the victim, and you will have the picture of rape on the adult woman.

This picture is manifestly not sharp, and is based almost solely on the presence of *extragenital traumata,* which are witnesses of the struggle and the force necessary to accomplish the crime on a resisting woman; on the presence of sperm, which is proof of coitus; finally, on remote signs (transmission of venereal disease and pregnancy), signs far from constant and more or less difficult to attach to the violent coitus alleged.

Your *conclusions,* necessarily very concise, will state what you have established. They will mention, first of all, the fact of long-standing defloration; they will state the presence, the character and the location of traumata, if there are any, on the genital organs or elsewhere; they will indicate whether sperm has been found, and where; and, finally, they will note all trace of venereal disease or of pregnancy without indicating the author of it.

Throughout our study of rape, whether of rape committed on children, on adult virgin girls or on deflowered women, we have taken the point of view of the expert on the living subject. But too often it is a cadaver that you will be charged to examine; just a few words will suffice to indicate the course of conduct to be observed, for all the facts set forth in these chapters find their application here, and no question arises with which we are not already acquainted. Two investigations should especially be kept in mind: (1) The search for *traumata,* both *genital* (of the hymen and other parts) and *extragenital,* and (2) the search for *sperm* on the sexual organs, on the surrounding parts, and on the garments of the victim. Your report should mention minutely the causes of death as well as the presence of defloration.

CHAPTER VI.

RAPE (CONTINUED).

Rape *on* a woman naturally or artificially deprived of consciousness.
Rape during natural sleep.
Rape during the sleep of anesthesia.
Rape *on* a subject in a state of syncope or coma.
Rape during hypnosis and analogous states.
Brief history of hypnotism: Mesmer, Puységur, Faria, Braid, Azam, Charcot.
Summary facts on the hypnotic states: complete hypnosis and partial hypnosis.
The methods of hypnotism. Is it possible to hypnotize a subject in spite of himself?

In our last chapter we said that the rape of an adult virgin girl or of a woman could be accomplished under two very different conditions: either the victim is *in the full possession of her will and her consciousness,* or she is *artificially or naturally deprived of will-power.* There are, indeed, circumstances in which a woman is artificially or naturally deprived of will-power, and any coitus accomplished on a woman in that state is *a rape* in the legal sense of the word, since the woman was unable to give her consent to it.

We shall study and discuss the following varieties:—

I. Rape during natural sleep.
II. Rape during the sleep of anesthesia.
III. Rape on a subject in a state of syncope, of coma, etc.
IV. Rape during hypnosis and analogous states.
V. Rape on a subject affected with idiocy or imbecility.

Rape During Natural Sleep.

During this state a woman is deprived of volition, and, if an individual succeeds in practising coitus upon her, he certainly commits a rape. But is the act really possible? That is the problem we shall investigate. In former times there seems to have been no doubt in the matter; today we have

become a little less credulous. Casper cites and laughs a little at the old reports of the faculties of Halle and Leipzig on this subject. The following cases, which we take from him, will give an idea of the old doctrine concerning rape during sleep:—

According to Zittermann (1760), a girl of twenty years had a child, and swore by all the saints to her parents, who reproached her on account of it, that she was not conscious of ever having had sexual intercourse with a man. She related that on one occasion, having been vividly impressed by a dream, she had awakened and had then noticed a great moisture of her genital organs, *but without ever having known the cause of it.* The faculty of Leipzig declared in its report that it had no doubts concerning the *adventure* (!) and the possibility of coitus during sleep, and gave as its opinion that the sleeping woman *could* have been made a mother during her sleep.

The two following cases are still more astonishing: A girl had fallen asleep, she said, on a chair, and had been raped by a hairdresser. The faculty of Leipzig declared in its report that, in view of the circumstances, "this was not entirely impossible." And the faculty of Halle rendered the same verdict in an analogous case. A virgin girl said that she had been put to sleep by *stramonium seeds* and raped *"while seated on a little chair without a back."* The faculty immediately believed her and inserted in its report this phrase: "Likewise that it is possible that a virgin, being seated on a little chair, may be deflowered during natural sleep if the position of the body permits it," etc. . . .

To such impudent nonsense which ancient belief accepted we have only to oppose, says Casper, the saying of old Valentine: *"Non omnes dormiunt, qui clausos et conniventes habent oculos."*

But let us come to a reasonable examination of the question based on serious facts. Two entirely different cases are, first of all, to be distinguished: the sleeping person is either a virgin girl or else a woman already deflowered and accustomed to sexual intercourse. If it is the case of a virgin girl, it can be said at once that coitus accomplished upon her *without her being conscious of it* is absolutely impossible. Even in cases

where it is easiest, defloration will meet enough difficulties to provoke an awakening.

In the other case, however, the woman is already deflowered and accustomed to intercourse; coitus by a violator during sleep, without the woman being conscious of it, is then a possible fact *in an extreme case,* though indeed rare. The reasons that render the act possible without awakening the victim are easily imagined; the genital passages are large and accustomed to the intromission of the penis; and then it is also possible that the act has before been accomplished by the husband or the lover while the woman was in a half-asleep condition or a state of semiconsciousness; the woman then allows the coitus of the violator half unconsciously, believing that it is a legitimate coitus.

The following case from Taylor is celebrated, and it is well worth knowing: An English advocate related to a celebrated medicolegal specialist that the wife of an innkeeper,—a woman who had had children,—threw herself one evening, all dressed, on her bed, and, overcome with the fatiguing work of the day, fell asleep. She was suddenly awakened, feeling a man on top of her, who was just withdrawing; he had just accomplished coitus on this sleeping woman, as he admitted.

This history is typical and all the circumstances are worth weighing. The woman was married and had borne children; hence her genital passages were freely open to the access of the virile member. She was plunged in a deep sleep produced by fatigue. All things united to allow an unconscious coitus, and the coitus was accomplished in fact and *completely.* And nevertheless the woman awoke, a little too late, it is true, but she awoke and caught the violator. We see, then, that, even when there is an assemblage of the most favorable conditions, the violator would be wrong in counting on his act passing unperceived.[1]

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[1] There is an interesting legal point in this connection as to whether intercourse obtained by fraud in personating a woman's husband constitutes rape. The case is stated as follows by Bishop ("New Commentaries," 1892, sec. 1122.4): "Personating Husband.—A man who gets into bed with a married woman, meaning that she shall mistake him for her husband, does not, our authorities hold, commit

To sum up: If a girl, up to the time a virgin, pretends that she has been deflowered during her sleep, if she seeks to excuse her pregnancy by a coitus accomplished during her sleep, you can answer: *a lie!* If the complaint comes from a deflowered woman, recall that in some cases the thing is, strictly speaking, possible, but *preserve a wise distrust.*

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rape when under this misapprehension she admits him to connection. But if she is asleep, and he knows it, she can give no consent; then a connection with her, thus unconscious, will be rape within a principle above stated. The English courts have never seemed quite satisfied with this doctrine that it is not rape for a man to defile a woman who, tricked by him, consents to submit, not to him, but to her husband . . . In 1885, it was by Parliament declared to be rape when thus a man 'induces a married woman to permit him to have connection with her by personating her husband.' Obviously, in reason, this sort of case is not within the principle that the woman's consent, however fraudulently obtained, will prevent the carnal act being rape; for her consent was to a marital connection, not to the adulterous one which was forced upon her."

Speaking on this same subject Wharton (Criminal Law, 1896, sec. 561) says: " . . . In New York it was determined that, when the offense was consummated before the prosecutrix, a married woman, found out that the defendant was not her husband, the rape was complete (People *vs.* Metcalf, 1 Wheel. C. C. 378, 1823. See Walter *vs.* People, 50 Barb. 144, 1867)." He states further that a similar view appears to have been taken in an early case in Connecticut, but that a contrary view is taken by the Supreme Courts of Tennessee, Alabama and North Carolina.

In Texas the matter is fixed by statute. Thus we read in the "Cyclopedia of Law and Procedure," vol. xxxiii, 1909, p. 1492: "Fraud. Intercourse with a woman through fraud in personating her husband is not generally considered rape, but in Texas the statute makes it rape if any trick or artifice is used; and in such cases it is sufficient if she is induced to submit by any sham or trick used to deceive her . . . Evidence showing an attempt to rape by fraud is not sufficient to convict of assault with intent to commit rape. Proof of an attempt to have intercourse with a married woman by personating her husband is not sufficient to convict of assault with intent to commit rape, but it may be sufficient to convict of attempt to rape by fraud under the Texas statute."—A. W. W.

Rape During the Sleep of Anesthesia.
(Chloroform, Ether, Nitrous Oxide.)

This question has been the subject of numerous discussions. To get a just conception of it we must distinguish the two following cases:—

(*a*) The woman *consented* to the anesthesia,—and it is almost always a case of *chloroform* in France,—and the rape was consummated during her unconsciousness.

(*b*) The woman *did not consent* to the anesthesia (chloroform, etc.); this was itself a compulsion preceding the criminal coitus.

(*a*) To profit by the sleep of anesthesia of a woman who has allowed herself to be anesthetized for one reason or another, and to practise coitus upon her, seems to be perfectly possible. And, nevertheless, "we find scarcely any cases of this sort clearly proven or even probable in the literature of different countries" (Vibert.) Remember that very often the sleep of anesthesia is accompanied by voluptuous sensations: these sensations may persist on awaking. The woman then believes in good faith that some one has profited by her sleep to perpetrate a criminal act upon her, and she accuses the person who anesthetized her. So you should adopt as an invariable rule in your practice, never to proceed without an assistant or a witness to anesthetize (with chloroform, ether, etc.) a girl or a woman.

(*b*) The woman has not consented to the anesthesia, and claims at the same time that she was put to sleep and then possessed against her will. But is it really possible to put a person to sleep,—let us say to put her under the influence of chloroform, since that anesthetic is most widely used in France,—without her consent?

1. No idea is more common or widespread than that it is possible without difficulty to chloroform against his will a person who is awake. Not a week goes by in which the newspapers do not report some such case as this: An individual approaches a person and quickly passes a handkerchief moistened with chloroform under his nose; the said person imme-

diately loses consciousness, and the first individual profits by it to relieve him with impunity of his purse, his watch, etc. . . . Or they tell us that a lady has, under the same circumstances, been put to sleep by an individual who has then raped her.

These are all stories in the style of the press and are to be taken with several grains of salt. It is sufficient to reflect an instant on the manner in which chloroform anesthesia takes place to judge of the value of such nonsense, to which no one but an ignorant journalist would accord belief. Have you, as medical men, ever seen the sleep of anesthesia obtained thus in a second? Do you not know, too, how difficult it is to make even the patient who has been placed in your hands accept the first inhalations of chloroform, and what a struggle you often have with him? The only circumstance under which a person who was awake could be chloroformed against his will seems to me to be the case where several individuals take possession of him, overpower him, and force him to inhale the vapors of the anesthetic, and that is a case of which I know of no example.

2. To chloroform someone who is asleep and so substitute, without disturbance, artificial sleep for natural sleep is at least equally difficult. Some authors have tried to solve this question on experimental grounds. Rogers (cited by Hofmann) has operated on animals. He obtained only negative results: the inhalations of anesthetic vapors woke the animals up.

Dolbeau, in 1874, gave an account of two series of experiments carried out by himself to solve the problem. At first he experimented on animals and on a young woman; the subjects awoke after he had held the sponge, wet with chloroform, two or three minutes at their nostrils. Later he succeeded in chloroforming 10 human subjects out of 26 during natural sleep, about one-third. Guerrieri, in 1895, obtained much more favorable results: his subjects were insane.

Winckler has made a well-founded objection to these experiments, saying that they involve the error of having been made by men experienced in the administration of anesthetics. They succeed badly enough in other hands; what would be

the result in actual cases where those who do the deed are more often ignorant of all ideas of medicine? We may conclude then, practically, that it is impossible, or almost impossible, to make a person pass without transition, without awakening, from natural sleep to the sleep of anesthesia.[2]

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[2] In this connection it may not be out of place to say a word concerning rape during alcoholic intoxication. Thus we read in Wharton (*loc. cit.*, sec. 562): ". . . A conviction was sustained in Massachusetts, in 1870, in a case in which the evidence went simply to the fact that the prosecutrix was at the time of the act unconscious through intoxication, though there was no allegation that she was made so by the defendant (Com. *vs.* Burke, 105 Mass. 376, 1870. See State *vs.* Stoyell, 54 Me. 24, 1866. In Com. *vs.* Blakeman, 131 Mass. 577, 1881, on evidence of this character the defendant was convicted of adultery). On the other hand, in New York, where such intoxication was proved, but there was no evidence that the original intent was to use force, it was held that rape was not made out under the particular statute (People *vs.* Quin, 50 Barb. 128, 1867). To rape, it is essential, we should remember, that the act should be intended to be done with force and without the woman's consent. In all cases of alleged unconsciousness, however, we should keep in mind the old caution: *Non omnes dormiunt qui clausos et conniventes habent oculos.* It is at the same time clear, as we have seen, that connection secured when a woman is *bona fide* asleep, and known to be such by the defendant, is rape (R. *vs.* Myers, 12 Cox C. C. 311, 1872; R. *vs.* Young, 38 L. T. (N. S.) 540). *Force* is incident to the physical character of the act; *against the will* (or *without consent*) must be inferred from all the circumstances of the case to secure a conviction (Carter *vs.* State, 35 Ga. 263, 1866; see R. *vs.* Cockburn, 3 Cox C. C. 543, 1849; Com. *vs.* McDonald, 110 Mass. 455, 1872; People *vs.* Bransby, 32 N. Y. 525, 1865). In an interesting pamphlet by Dr. Stephen Rogers on chloroform (Harper & Bros., N. Y., 1877), it is argued with much force that for the purposes of attack chloroform cannot be effectively used. See 3 Whart. & St. Med. Jur., sec. 594."

Another side of the intoxication question is well expressed by Dr. F. W. Draper ("A Text-book of Legal Medicine," Philadelphia, 1905, p. 154). He says: "Deep intoxication is sometimes used by a man to render his victim helpless. It is rather against than in favor of the woman, unless she is very young, for ready acquiescence in this sort of preparation by a woman is evidence of low moral tone. The English law provides a special penalty for the administration of any 'drug, matter or thing' with intent to have carnal connection with a woman. The statute regards the offense as a misdemeanor (not a felony), and includes the use of so-called aphrodisiacs in the prohibi-

Rape on a Subject in a State of Syncope, Coma, etc.

I do not know whether there is a *real* case of rape on a girl or a woman in a state of *syncope*. I know, on the contrary, a certain number of *false* or *pretended* cases; we will speak of them in one of the later chapters. Casper relates an interesting case of *rape in a state of coma*:—

A girl, Amélie, aged twenty-two years, was subject to epileptic attacks which ended in loss of consciousness for six or seven hours. One day, at the moment when she was taken with one of these attacks, she lay down on a couch. A workman was present who was acquainted with her malady. He assured himself of her absolute insensibility by tickling her nose and by passing a lighted lamp under it, and, seeing all the circumstances favorable for his crime, consummated the rape.

Rape During Hypnosis and Certain Analogous States.

There are few questions in legal medicine so interesting, so absorbing as that of rape during the hypnotic state. It is not because the field is large; on the contrary, we shall see that it is very limited, and that the known authentic cases of rape in the hypnotic state can easily be numbered. But it is because

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tion. The use of the so-called 'knock-out drops' (chloral hydrate solution) in liquor is an example of the criminal employment of drugs for felonious purposes; although, most commonly, these agents are used by women upon men for purposes of robbery."

A law similar to the English law just referred to is found in Texas. Thus we read in the "Cyclopedia of Law and Procedure," vol. xxxiii, 1909, p. 1492: " . . . In Texas, by statute, a man may be convicted of rape by fraud, if the evidence shows that he administered to the prosecutrix, without her knowledge or consent, a substance producing unnatural sexual desire, or such stupor as prevented or weakened resistance, and committed the offense while she was under the influence of such substance."

The question sometimes arises as to whether a man while asleep can have intercourse without knowing it with a woman with whom he is lying. Draper (*loc. cit.*) calls attention to the fact that: "Such a case must be rare. It may happen under the promiscuous conditions in which the poor sleep . . . Defloration under such circumstances is impossible, for good reasons."—A. W. W.

the question has raised and still raises the most vigorous discussions, and because it has brought into play the most contradictory opinions: it is because it is, at one and the same time, a scientific question and a question of the hour. It is, finally, because all the details must be known before it is possible, with facts for support, to form a precise judgment. Hence we shall treat this question with all the elaboration that our space will allow.

We shall enlarge the field of this subject, following the lead of my distinguished colleague and friend, Dr. Gilles de la Tourette, in his admirable book on *Hypnotism*,[3]—to which we shall frequently refer,—and study, together with rape in *hypnotic states* (or *magnetic* as they used to say formerly), rape in states closely approaching hypnotism, both by their common origin (hysteria),[4] and by their symptomatology. These states, which Dr. Gilles de la Tourette rightly calls *analogous states*, are spontaneous *lethargy, catalepsy* and *somnambulism, vigil-ambulism* and *noctambulism.*

Without further preamble let us begin our study and attack, first of all, the question of *rape in the hypnotic state.* For the sake of greater clearness, it seems desirable, first of all, to say a few words concerning the history, and then to define the varieties and the signs of the various hypnotic states.

1. *Brief History of Hypnotism.*—There are two periods in the history of hypnotism. The *first* extends from Mesmer to Braid and present a curious mixture of charlatan practices and scientific experiments. The *second* goes from Braid to the present time; it is the period dominated by the great name of Charcot, a truly scientific period, which has caused an enormous medical movement; its contribution to medicine has been very extensive, but, it must be said, it has not solved all the

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[3] *L'hypnotisme et les états analogues au point de vue médico-légal,* 2e édit., Paris, 1889.

The reader will also find an interesting summary study of the subject in the book of Dr. Crocq, fils: *L'hypnotisme et le crime,* Paris, 1894.

[4] It seems only right to point out that many writers on hypnotism do not accept hysteria as a necessary or even common foundation for hypnotism.—A. W. W.

problems of hypnotism and leaves still for the future a mass of unknowns, and not the least, to be determined. It seems, too, that at the present time studies on hypnotism are in a state of quiescence; after a long, laborious and fruitful stage, science stops as if to measure the road it has traveled and to let the facts acquired become fixed before taking a new step forward.

Mesmer opens, as we have said, the *first period.* To be sure magnetic practices were not unknown before his time, but the noise made by Mesmer and his doctrine really opened a new era. Mesmer brought new and bold ideas, but he was, above all, a marvelous charlatan, who knew how to exploit the curiosity of his contemporaries by playing with certain cures whose technique seems very simple to us today. Mesmer's doctrine was *animal magnetism,* the universal fluid that exists between the celestial bodies, the earth and animate bodies.

Curiously enough from this very epoch the question arose as to the danger of magnetism to morals, and they faced the possibility of the rape and of the seduction of women while in the magnetic state. Louis XVI, in 1784, appointed a commission to examine into animal magnetism. Bailly formulated the report. In a secret portion of this report he describes the *magnetic passes,* and considers the dangers to morals that may arise from such practices.

The fears of Bailly would be ill understood if we were not acquainted with the practices of Mesmer and of his adepts, and the effects that they produced on their subjects. They had nothing in common with the almost methodical effects that are obtained today by physicians who practise hypnotism. What Mesmer produced was a great variety of states, which generally terminated in a nervous crisis, a fact that gave to the operating room of the magnetizer the name of *crisis room.*

"The man who magnetizes," says Bailly, "ordinarily has the knees of the woman between his own, so that in consequence the knees and all the lower portions of the body are in contact. His hand is applied to the hypochondriac regions or sometimes lower, on the ovaries; pressure is thus exerted at one and the same time on an infinite number of parts, and in the neighborhood of the most sensitive parts of the body.

"Often when the man has his left hand applied thus he passes his right hand behind the body of the woman; the movement of both persons is to bend mutually toward each other to facilitate this double contact. The proximity becomes the greatest possible, face almost touches face, they feel each others breath, all impressions are shared instantaneously, and the *reciprocal attractions of the sexes must act with full force.* It is not extraordinary that the senses are fired. . . ."

And Bailly adds farther on: "It is impossible that the magnetic treatment should not be dangerous to morals. By proposing to cure diseases that demand a long treatment, we excite agreeable and cherished emotions, emotions which we regret and which we seek to experience again because they have a natural charm for us and contribute physically to our happiness," etc. Bailly is speaking here of *magnetic seduction,* but a little farther on he clearly puts the question of the *abuse* of the subject by the magnetizer: "The danger . . . consists . . . in the fact that the physician can, if he wishes, *abuse his patient.* Opportunities arise every day, at every moment; he is exposed to them sometimes for two or three hours. Who can say that he will always be master of himself and unwilling to profit by them?"

That is the question of rape and of magnetism that was asked when these practices first came on the scene; it is just as acute today as it was a hundred years ago. But to return to magnetizers. One of the most celebrated adepts of Mesmer was the Marquis of Puységur, a noble and philanthropic scholar, in no wise a charlatan, who discovered *artificial somnambulism;* some of his experiences we shall still have to use.

The theory of *animal magnetism* died at the beginning of the nineteenth century through the influence of that singular personality, the Abbé Faria. The *magnetic fluid* does not exist, said Faria. "You do not make *epoptes*[5] (this term refers to somnambulists) every time you wish to, but only when you find suitable subjects who are already natural epoptes." Dispensing with Mesmer's magnetizing tub and passes, he em-

[5] This word is evidently taken from the Greek ἐπόπτης, which means "one initiated at the greater mysteries."—A. W. W.

ployed simple procedures to put people to sleep: *suggestion* ("Go to sleep," he used to say to his subject) and *fixity of gaze.*

Some years later magnetism received the honors of the Academy of Medicine of Paris through Husson. His report was a very documentary study of magnetism, fixing on the points actually acquired, and eliminating in a brief criticism all the so-called marvelous facts; the report was rather badly received by the academy. Besides, the fine season for magnetism was coming to an end. Medical opinion, disposed more and more to see only the debatable and quack side of the phenomena of magnetism, turned completely away from its study in France during a long period, which did not end until 1860, the period when Azam introduced France to the works of J. Braid. It was in fact J. Braid, of Manchester, England, who inaugurated the *second period.* Out of magnetism he made *hypnotism,* and introduced scientific and experimental procedures into a domain that up to his time had belonged a little too much to the marvelous and to charlatanism. In Braid's studies (1843) all the facts now known are either in the germ or already fixed.

Braid's work was not translated into French until 1883, but in 1860 Dr. Azam, of Bordeaux, in a *"Note on Nervous or Hypnotic Sleep,"* gave the history of one of his subjects, who was a complete hypnotic, studied according to Braid's method. This was the signal for the *scientific* resurrection of magnetism in France, which had fallen so profoundly into oblivion.

Some time later one of the most glorious masters with which medical science has been honored, Charcot, undertook the study of hypnotism, and, in a series of works carried on from 1878 until close upon his death, he opened widely the furrow that Braid had traced. With his pupils, several of whom are today professors, he established that school of Salpêtrière, whose works on hypnotism are still in everyone's recollection.

Besides the school of Salpêtrière we must also mention the school of Nancy. The works of this school, contemporaneous with those of the school of Salpêtrière, which they contradict in large part as we shall see, have attracted a good deal of

attention. The leaders of the school of Nancy are particularly Drs. Liébeault, Liégeois, Bernheim, Beaunis; these are names that we shall frequently have occasion to meet.

2. *Summary Facts Concerning the Hypnotic States.*—It is desirable, as we have said, to pass these states in rapid review as a necessary introduction to the detailed medicolegal study that we are to make. This will include the *etiology,* the *description* and the *method of production* of the different hypnotic states.

A. *Etiology.*—*Are all subjects hypnotizable?* To this question, whose medicolegal importance is clear, there are two different answers:—

(*a*) Hypnotizable subjects are primarily *averred hysterics,* or, at least, individuals exhibiting what is called the *nervous temperament.* This statement is that of the school of Salpêtrière.

(*b*) The second is singularly contradictory to the first; 95 per cent. *of all individuals are hypnotizable,* says the school of Nancy; hypnotism, then, is a phenomenon easy to produce in healthy persons.

Of these two statements I advise you strongly to take sides with the first and to put yourselves in line with the wise words of Dr. P. Janet: "No doubt all hysterics are not hypnotizable, and all hypnotizable persons are not hysterics; but hypnotism seizes upon hysteria as the most favorable trunk for its development." The *second etiological fact* that should be remembered,—and on this everybody is agreed,—is that a subject who has been hypnotized is so much the more easily hypnotizable.

B. *Classification and Brief Description of the Hypnotic States.*—We all know Charcot's *three states of complete hypnotism: lethargy, catalepsy, somnambulism.* These are the three typical states clearly studied and classified by this master; we will recall their characteristics.

1. *Lethargy.*—This state is obtained *at the beginning* by fixing of the gaze, and, *secondarily,* by closing the eyes of a cataleptic subject. The chief characteristics of lethargy are the following: The eyes are closed or half closed; the extremities, if raised, fall inert like those of a cadaver; there is complete insensibility of the skin and mucous membranes; there

is neuromuscular hyperexcitability[6]; the intellect is completely abolished, and on awakening the subject remembers nothing (amnesia). It is clear that this state would be eminently favorable for the consummation of rape; no resistance of the subject and no recollection on awaking are to be feared.

2. *Catalepsy.*—This state is produced *at the beginning* by a *sudden projection of light* onto the face of the subject or by the *sudden production* of a very loud noise; what is thus produced *experimentally, chance* also causes at times, and certain subjects who are easily hypnotizable will fall into a state of catalepsy at the sight of a brilliant light or on hearing a sharp sound.

It is easy to make a subject pass from lethargy to catalepsy by suddenly opening his eyes. The subject in a state of catalepsy is motionless, with open eyes; general sensibility is completely abolished; neuromuscular sensibility is absent. The most characteristic symptom is a muscular suppleness comparable to the flexibility of wax, that allows a subject to retain without effort any position, even though unusual, that you may give to his extremities or body. There exists in this state a very particular suggestibility, *automatic* so to speak, concerning which we need not speak further. When awakened the subject remembers nothing. The cataleptic state, says Dr. Gilles de la Tourette, is not favorable to the perpetration of an immoral assault, for it could not be prolonged without a fit or a general contracture supervening.

3. *Somnambulism.* — This is produced in a subject in a cataleptic state by friction of the vertex, and at the first onset by suggestion, by the command: "Sleep," for example. This is the oldest hypnotic state and the most completely known, since its discovery goes back, as we have said, to the Marquis of Puységur.

The general appearance of a subject in a state of som-

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[6] This phenomenon to which Charcot attached great importance is as follows: If we excite a *muscle* in a subject in a state of lethargy the muscle immediately contracts, and the only method of making this contraction cease is to excite the antagonistic muscle. If we press with the finger, etc., on a *nerve,* all the muscles innervated by that nerve contract.

nambulism does not differ sensibly in most cases from the aspect of the lethargic who is left to himself. However, the extremities when dropped do not fall back so heavily. Muscular contractility is established by simple, superficial excitation of the skin. But the characteristics that present the greatest interest for us are the following: The somnambulist is a being whose skin and mucous membranes exhibit a complete insensibility to pain, and with this analgesia there is singularly contrasted an increase in *muscular strength* and the *functions of the special senses as well as of the cerebrum.* The intellect of the somnambulist is not asleep like that of the lethargic and the cataleptic. He *remembers* what he has done in ordinary life; he *speaks* and he *answers* rationally.

The somnambulist is *eminently suggestible;* movements, acts, sensations, hallucinations that are suggested to him by the person who has put him to sleep,—he accomplishes and feels all these in his sleep. He acts during the hypnotic period and under the will of his hypnotizer like an *automaton,* but remembers well, like a conscious automaton, *who often knows how to say no, and to refuse to act.* But there is still more; the suggestion can be given to a somnambulist during sleep for *an act to be performed not during hypnosis, but after he awakes,* an act that is thus accomplished under conditions fixed by the magnetizer. The somnambulist *on awaking retains no memory of anything that has transpired during his sleep,* but in the course of a subsequent hypnosis he recalls everything that took place in his one or more hypnotic states.

It might seem after this brief clinical definition that hypnotic somnambulism would be the most favorable state for rape. Is not the subject in the hands of the hypnotizer? Is it not possible to suggest an act that is desired and have him execute it voluntarily during sleep or on awakening? We shall see what the real facts of the case are.

Such are the three states or stages of Charcot's typical hypnosis, states well defined, well classified, typical, in a word, and in them are found methodically recorded and grouped all the phenomena of hypnotism; but it must also be added that they are states of *progressive training,* states *of perfection.* Subjects who exhibit them with such clearness are *typical hyp-*

notics, just as hysterics who conform completely to the type are *typical hysterics.* And just as we have typical hysteria and atypical hysteria, so we have typical hypnosis and atypical hypnosis; beside the three typical, classical states should be placed what Dr. Gilles de la Tourette calls the intermediate states, and what Professor Pitres calls the mixed and imperfect states.

"There is one fact well known to those who have studied hypnotism, and that is that, even in individuals who will later become remarkably good subjects, you cannot produce at the beginning, at the first attempt at hypnosis, the results at which you will arrive later. The different states (the three typical stages) that we have described *are then confused with one another, and it is very difficult to classify them at this time in a precise fashion.* Let us add that certain subjects, even after a great number of very well conducted experiments, never exhibit anything except the so-called intermediate states" (Gilles de la Tourette).

"The three typical stages of hypnosis," says Pitres,[7] "*lethargy* with neuromuscular excitability, *catalepsy* with plasticity of the extremities and spinal automatism, *somnambulism* with cutaneomuscular excitability and cerebral automatism, correspond to well-marked types which are rarely obtained in nature in a state of perfect purity. We meet them from time to time, but they are not a part of the everyday clinic. . . . In return we very often observe in hysterics *mixed* and *imperfect* hypnotic states that resemble the typical states described by Charcot in some of their symptoms, but differ from them in important points."

To Charcot's typical lethargic state correspond the following mixed states as Dr. Pitres conceives them:—

(*a*) *Lethargoid state with eyes open.*

(*b*) *Lethargoid state with eyes closed.*

(*c*) *Lucid lethargy.*

In these lethargoid states there is the characteristic of lethargy, that is to say, stupor; but we do not encounter neuromuscular hyperexcitability. The state of *lucid lethargy* merits mention; there is total lack of muscular response with

[7] Leçons sur l'hystérie et l'hypnotisme, t. ii, Paris, 1891, O. Doin.

the impossibility of physical reaction, that is to say, the ordinary traits of lethargic states. But the *intellect* is *preserved* and the subject *retains the recollection* of all that has passed during the hypnotic phase.

For us this is a very interesting state. For suppose that rape has been committed on a subject in this state; there will be no resistance, but on awaking the subject will be able to relate the scene of the crime and designate the author of it.

To Charcot's typical *cataleptic state* Dr. Pitres adds:—

(*a*) *The cataleptoid state with eyes open.*

(*b*) *The cataleptoid state with eyes closed.*

(*c*) *The cataleptoid state with muscular hyperexcitability.*

(*d*) *The state of ecstasy.*

The cataleptoid states differ from typical catalepsy in that the *subjects reply to questions* and obey orders given to them; but the characteristic phenomenon is present; that is to say, the subject keeps his extremities or his body in the attitude given to them. The first two varieties are differentiated from each other by the eyelids being open or closed. In the third, pressure on the muscles provokes contractions.

To Charcot's typical *somnambulism* Dr. Pitres adds a certain number of varieties enumerated as follows:—

(*a*) *State of fascination.*

(*b*) *State of charm.*

(*c*) *Paraphronic state.*[8]

(*d*) *Oneiric state.*[9]

(*e*) *State of waking somnambulism.*

The states of *charm* and of *fascination* are closely related. They present the conservation of movements and the anesthesia of typical somnambulism, but they have the following special characteristics:—

1. The remarkable power of imitating all the acts of the hypnotizer. The subject is, "so to speak, *bound to his hypnotizer,* follows him like a faithful dog, repulses with uncommon vigor, which he derives from the unusual exaltation of his powers, persons who seek to hold him back and prevent

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[8] παραφρονία,—derangement of mind.—A. W. W.

[9] ὄνειρος,—a dream.—A. W. W.

him from following the individual who has put him to sleep" (Gilles de la Tourette).

2. The *recollection on awaking* of what has passed during the hypnotic phase.

The paraphronic state is characterized by a sort of *delirium* accompanied by movements, attitudes and words relating to the delirious conceptions of the subject; in the *oneiric* state the delirium is simply a delirium of words. In *waking somnambulism* the subject appears awake, but behaves in the fashion of a true somnambulist, executing the orders given him.

Thus, on the one hand, we have states that are clearly defined and differentiated, characterized by extreme precision, the states of the *typical hypnotism* of Charcot; on the other hand, *intermediate states, mixed states, atypical states,* if you will, characterized by a *degradation* of the typical states, a *modification* more or less marked of each of them (*disappearance* of one of the major symptoms or *addition* of new symptoms), or further by the *combination of symptoms taken from each of the typical states;* this is the conception of hypnotism if we remain true to the doctrines of Salpêtrière, of the school of Charcot. If the varieties that we have enumerated from Pitres and Gilles de la Tourette do not suffice and do not appear to conform fully enough to what is observed in hypnotic subjects, it is possible to complicate the classification still more. This is what Dr. Crocq, the son, has done in the book of which we have spoken; he considers that catalepsy and lethargy are of rare occurrence, and that hypnosis almost always takes the form of *somnambulism* and with very great variations, which he seeks to classify *in extenso.*

But there is *another method of regarding hypnotic phenomena and of classifying them,* and that is the method of the *school of Nancy.* The school of Nancy has quite a different understanding of things from the school of Salpêtrière. "Never," says Dr. Bernheim, "have I been able to produce the three phases of Salpêtrière, and it is not because I have not tried. . . . On a single occasion I have seen a subject who exhibited to perfection the three states: lethargy, catalepsy, somnambulism. This was a young girl who had spent

three years at Salpêtrière, and the impression that I have retained of it,—why not state it? It is that through manipulations she had been submitted to a special training, so that she imitated through *unconscious suggestion* the phenomena that she saw produced in the other somnambulists of the same school; she had been trained by imitation to produce reflex phenomena in a certain order; she could no longer be considered a natural hypnotic; she was a product of false development,—in reality a *suggestible hypnotic neurotic.*"

So the school of Nancy rejects absolutely the *spontaneous* reality of the precise hypnotic phenomena on which Charcot based his classification. It considers *artificial* such phenomena as lethargy, catalepsy, and somnambulism with their syndromes; they are commonplace and may occur in any hypnotized individual, *since they are merely the result of suggestion.* Let us now see what conception the masters of the school of Nancy have of hypnotism and its various phenomena.

In all hypnotic states "the hypnotized person can *hear* the operator; he has his attention and his ears fixed upon him. Often he *replies* to questions; he almost always replies if the operator insists and tells him that he *can speak.* . . . The subject in this state is capable of manifesting the phenomena of *catalepsy* or of *somnambulism* without its being necessary to submit him to any manipulation, provided that he is hypnotized to a sufficient degree" (Bernheim). Nothing is simpler than to put an extremity into catalepsy; you raise the extremity, leave it for some time in the air; if necessary, affirm that it cannot be lowered, and the extremity remains in a state of *suggested catalepsy.*

"We have demonstrated merely *variable degrees* of suggestibility in hypnotized persons: in some there is merely *closing of the eyes* with or without loss of sensations; in others there is besides *relaxation of the extremities* with inertia, or inability to make spontaneous movements; still others retain the *attitudes imposed* on them (*suggested catalepsy*). Finally, the *progressive development of this suggestibility* is marked by suggestive contracture, automatic obedience, anesthesia, and suggested hallucinations. One sub-

ject out of six or seven of those who are hypnotized attains the highest degree, which is *somnambulism with amnesia on awaking,* and, when he does not attain it in the first instance through hypnotization alone, no maneuvers that we have tried on him have been able to develop it; continued *suggestion* alone has succeeded in producing it" (Bernheim).

Thus, the school of Nancy considers that in the matter of hypnotism *suggestion is everything,* and it is suggestion that produces the so-called *spontaneous* and *distinct* hypnotic phenomena on which Charcot based his types. Hypnosis is a *uniform whole* in which there are merely *objective variations, due to the greater or less suggestibility of the subject.* And now we can understand the classification of the clinical states of hypnosis that Dr. Bernheim gives: it rests on the different degrees of suggestibility of the subject in addition to several differences in the external behavior of the subject during the course of the sleep, and to the presence or absence of amnesia on awaking. This classification comprises nine categories, of which we take a good and brief summary from Crocq's book:—

In the *first degree* the subject says he has not slept, and, in fact, he has all the appearances of being awake; nevertheless he is *suggestible* and can open his eyes spontaneously. In the *second* there is the same appearance, but the subject cannot open his eyes spontaneously. In the *third* the eyes are open or closed, and the subject is susceptible to *suggested catalepsy;* but if you defy him to change his position, he makes an effort of the will and changes his position, a thing which he cannot do in the *fourth* degree. In the *fifth* the subject can be put in a state of contracture, and his will is unable to overcome this contracture. In the *sixth* degree there is greater or less *automatism.* Up to this point there is *no amnesia* on awaking; *amnesia,* on the contrary, is found in the three last degrees. In the *seventh no possibility of hallucinations.* In the *eighth suggested hallucinations,* but only during hypnosis; it is not possible to suggest hallucinations for the waking state. Finally, in the *ninth,* there is the possibility of obtaining *hypnotic* and *posthypnotic hallucinations.*

Farther on we shall see what an immense rôle the school of Nancy has wished to ascribe to suggestion in hypnotism.

On this point there is manifest exaggeration, and I believe that the wisest thing to do at the present state of affairs is to accept the conception of hypnotism as formulated by the school of Salpêtrière, with its fundamental types,—though it must be admitted that they are rare in a pure form,—and their numerous, individual variations. The conclusion, moreover, is that which we have formulated above: it must be admitted that hypnotism has not yielded up all its secrets to us, and the field to be cultivated is still vaster than that which we have cultivated up to the present.

C. *The Methods of Hypnotizing.*—This, indeed, is a subject of interest to the medical expert. The methods by which hypnotic sleep are induced are numerous, and "their number and their variety deprive them of any specific characteristic. We may say, in general, that all methods are good, provided they are employed on a susceptible organism" (P. Richter).

We can divide these methods into two groups: (*a*) The *methods of the charlatan,* and (*b*) *scientific methods.*

(*a*) Among the methods of the *charlatan* there is one that is worthy of historic mention,—it is *Mesmer's tub.* This method is described by the king's commissioners in the following way[10]:—

"The commissioners," says the report of 1784 (p. 31), "saw in the middle of a large room a circular chest made of oak, and raised a foot or a foot and a half from the floor, which was called the *tub;* what formed the top of this chest was pierced by a number of holes from which came iron rods, with elbows and movable. The patients were placed in several rows around this tub, and each one had his rod of iron, which, by means of the elbow, could be applied directly to the diseased part; a cord placed around their bodies joined them to each other; sometimes a second chain was formed, the connection being by the hands; that is to say, each member of the chain placed a thumb between the thumb and index finger of his neighbor; then each pressed the thumb that he held in this way; the impression received at the left was transmitted by the right, and it circulated around."

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[10] See Gilles de la Tourette, *loc. cit.,* p. 65.

The *magnetic or mesmeric passes* that formed the other method of Mesmer and his pupils are thus described by the same commissioners: "The patients are also magnetized directly by means of the finger and of the iron rod; these are moved in front of the face, over or behind the head, and on diseased parts, always observing the distinction of poles; *they are acted upon by gazing fixedly at them.* But more particularly they are magnetized by the application of the hands and by the pressure of the fingers on the hypochondriac regions and on the regions of the lower abdomen, an application often continued for a long time, sometimes for several hours." The tub has passed into the historical museum, but the passes, destined to throw the *fluid* onto the subject to make it penetrate him, have remained in the practice of charlatans, and form a part of the ordinary retinue of public magnetism. We have given sufficient details on these matters.

(*b*) The fixity of gaze already employed by Mesmer and his pupils, then by the Abbé Faria, and besides known through all antiquity, became, through Braid, a current and scientific procedure:—

"Take some bright object," he says (p. 32), "(I employ habitually my lancet case), between the thumb, the index, and the middle finger of the left hand; hold it at a distance of from 25 to 45 centimeters from the eyes in such a position above the forehead that, in order to look fixedly at the object, the subject will have to strain his eyes and his eyelids to the utmost. The patient must be told that he must keep his eyes constantly fixed on the object and his mind on the object alone. It will be observed that, on account of the synergic action of the eyes, the pupils contract at first; shortly afterward they begin to dilate, and after they are considerably dilated and have taken on a fluctuating movement, if the index and middle fingers of the right hand, straight and slightly separated, are carried from the object toward the eyes, it is very probable that the eyelids will close involuntarily with a vibratory movement. If this is not the case, or if the patient *moves his eyeballs,* tell him to begin again, making him understand that he should let his eyelids fall when again you carry your fingers toward his eyes, but that his *eyeballs should* be

kept in the same position and his mind fixed on the single idea of the object above his eyes. It will generally happen that the eyes will close with a vibratory movement; that is to say, in a spasmodic fashion."

It is not necessary to have the eyes fixed on a *brilliant object;* the *fixation of the gaze on the finger* of the operator, held between the eyes and above them, will put the patient to sleep just as well.

Beside this method of fixity of gaze we may place the methods that, like it, are addressed to *the senses of the subject;* the sudden projection onto the face of a *brilliant light,* such as that of the Bourbouze lamp (Charcot); the production of a *violent* and *sudden noise* (the gong method). Other methods act *physically:* such as the order, "Sleep," which Abbé Faria used, and which has since continued in the practice of hypnotism. Several scientific methods can be combined together: the closing of the eyes and the suggestion to sleep, for example.

We must also say a word concerning the curious phenomenon described by Pitres under the name of *hypnogenic zones.* It is well known that in hysterics pressure on certain parts of the body will produce or inhibit an hysterical attack according to the circumstances. Now, in hysterics, there are "circumscribed regions of the body, pressure on which has the effect of instantaneously provoking hypnotic sleep, or of modifying the phases of artificial sleep, or of quickly bringing subjects already hypnotized into the waking state" (Pitres).

The lines immediately following will serve to acquaint us with the history of these zones: "They may be met with," says the learned Professor of Bordeaux, "on almost all parts of the body, as well on the extremities as on the trunk and the head. Their number varies greatly in different subjects. In some patients only four or five are found; in others we meet with a considerable number: twenty, thirty, forty and even more. Usually they measure from 1 to 4 centimeters in diameter; the skin which covers them exhibits no particular characteristics. Sudden pressure is the most surely efficacious method of exciting them; this produces at once the specific effects that characterize these zones; that is to say, sleep."

After this review of the methods of hypnotizing, a medico-legal question presents itself,—a question of great importance: *Is it possible to hypnotize a subject in spite of himself?*

To answer this question we must distinguish two categories of subjects: Those who have never been hypnotized before, and subjects previously hypnotized. It seems very difficult to succeed with subjects of the first sort without their previous consent. It may happen, however. In the next chapter we will cite the curious Castellan affair, in which a young girl, Josephine, who had certainly never been hypnotized before, became, at the first attempt, the prey of a village magnetizer.

The following experiment of Braid's shows how, by the aid of *a trick,* it is possible to succeed in the result desired without the consent of the subject, even when the latter has never been hypnotized. Braid says (p. 25): "I sent for one of my domestics to come up, and in the instructions that I gave him I made him believe that I needed his fixed attention for supervising a chemical experiment that was to serve in preparing a medicine. This request was familiar enough to him, and so he was not surprised. Two minutes and a half later his eyelids closed slowly with a vibratory movement; his head fell onto his chest; he gave a deep sigh, and was instantly plunged into a noisy sleep." But, as Dr. Gilles de la Tourette has said, it is difficult to renew a similar trick a second time.

It is much easier to put subjects to sleep against their will who have already been hypnotized, and the more often a subject has been hypnotized, the more his particular susceptibility and his special reactions to the procedures of hypnotism are known to you, and the easier the thing becomes. Throw a sudden flash of light on the face of a typical hypnotic, as we have seen it done many times at Salpêtrière, and he falls into a state of catalepsy; strike a blow on a gong behind one of these subjects, and he falls into a state of hypnotism, etc. Finally, press on the hypnogenic zone, whose location you know, of an hysteric, and she falls asleep.

However, we should hear what Professor Pitres says on the subject of the possibility of sleep produced by pressure on zones without the subject's knowing it or wishing it. To answer this question with certainty, laboratory experiments

are valueless. The single fact that the patients are in the presence of physicians or students who have hypnotized them before, or who, they know, are capable of hypnotizing them, throws doubt on the results obtained. The solution of the problem must come from accidental observations obtained under unexpected circumstances independently of any intervention of persons who could have any authority or influence on the patients. I know of only one case that responds to these desiderata, *and it is not absolutely above criticism.* We shall cite this case later, and note that it is distinctly doubtful.

CHAPTER VII.

RAPE (CONTINUED).

Rape during the hypnotic state.—Illustrative cases: the case of Coste and Broquier; the Castillan affair; the affair of the dentist, Lévy; the case of Ladame; the case of Pitres.

The rarity of rape accomplished on a subject in the hypnotic state does not accord with the doctrine of the school of Nancy on the dangers of suggestion during hypnosis.—Statement of this doctrine.—Its refutation.—The sleeping subject does not obey all suggestions like an automaton.

Rape in states analogous to hypnotism.—It appears impossible in hysterical somnambulism; there are cases in hysterical lethargy.

Rape in spontaneous noctambulism or somnambulism: it is rare, but possible.

Vigilambulism and sexual relations during the second state.

Rape on idiots and imbeciles.

WE are now in a position to study *cases of rape* during hypnosis, to discuss them, and to draw proper conclusions from them. First of all, we will report five cases of this sort, all classical today, and we will follow the statement of each by a few words of comment.

1. The first as to date was the subject of a medicolegal consultation by Coste and Broquier in 1858. We take the description from Tardieu:—

"A young girl, Marguerite A——, eighteen years old, thinking that she was ill, had her younger sister take her in the course of the month of November last to the house of a certain man, C——, who practised at Marseilles, as it seems, the profession of healer by magnetism. She went for her treatment every day. Toward the beginning of April she perceived that she was pregnant, and made complaint to the authorities, and it was then that the police commissioner appointed us two for the purpose of determining the pregnancy and the time from which it dated, and in the second place to answer the question as to whether the young girl, Marguerite A——, could have been deflowered and made a

mother contrary to her will, that is to say, whether this will could have been completely or partially annihilated by the effect of magnetism."

We will reproduce, as Tardieu has done, only the part of the report that relates to the second question, "Could the young girl, Marguerite A——, have been deflowered without knowing it in consequence of the effect of magnetism?"

Coste and Broquier said: "This question touches an entirely new point in legal medicine; for though that science has come to definite conclusions today as far as the use of narcotics is concerned,—ether and chloroform,—we do not think that it has ever taken up the subject of magnetism from this point of view. Notwithstanding that fact and in spite of all reservations, we believe that it is possible for us to solve this question without relying on our personal impressions, but rather from scientific documents, which are the only ones that should and could be taken into account here. We find these documents in the report of Husson, made to the Academy of Medicine in 1831, in the name of a commission composed of Double, Magendie, Guersant, Guéneau de Mussy, Husson, etc. These names suffice to give to this report every scientific guaranty of truth and authenticity that anyone would have a right to demand. And for the rest, this report is and still continues to be today the only scientific monument that magnetism possesses. In the conclusions of this report we find: 'The sleep is a real effect of magnetism. . . . It produces more or less remarkable changes in the personalities and the faculties of the magnetized individuals . . .; the greater part of the time they are completely unaware of external and sudden noises made at their ears, such as the noise of a copper vessel struck near them. . . . The sense of smell is abolished; they can be made to breathe muriatic acid or ammonia without their suspecting it . . .; the majority are completely insensible; it is possible to tickle their feet, their nostrils and the corner of the eyes with a feather, to pinch the skin, to prick it with the finger-nail or with needles stuck in deeply and suddenly, without their manifesting any pain and without their perceiving any of these acts; finally, one has been seen who was insensible to one of the most pain-

ful surgical operations, and his face and pulse and respiration did not exhibit the slightest emotion. . . . The muscular force of somnambulists is sometimes paralyzed; on awaking they say that they have forgotten completely all the circumstances of the somnambulistic state, and they never recall them.'[1]

"In view of these facts, if a young girl under the influence of magnetic sleep is insensible to tortures, it seems to us rational to admit that she could experience the act of coitus without her will taking part in it, without her being conscious of it, and that consequently she would not be able to reject by force the act that was consummated on her.

"Dr. Devergie, whose opinion in this delicate matter Drs. Coste and Broquier wished to know, replied to them: 'I believe it perfectly possible that a girl of eighteen years should have been deflowered and rendered a mother contrary to her will during magnetic sleep. This is a matter of observation and of personal belief. But outside of magnetic sleep there are so many lies that I could not go further. Magnetic sleep may be fictitious or real; fictitious in the sense that all the persons who give consultations or representations of magnetism are not asleep; if real, then all intercourse, all sense of relation may be destroyed by sleep; sensation may be diminished and even extinct, making it impossible for a woman to defend herself.'

"I myself," adds Tardieu, "received, on the occasion of this same case, a letter from Dr. Broquier, who did me the honor to ask my opinion. I was absent from Paris and was unable, to my regret, to reply to this mark of confidence in time to be of service; but I should certainly have agreed completely with the opinion expressed by Dr. Devergie, and especially with the wise reservations that he made relative to the possibility of dissimulation and the probability of fraud in everything that touches upon the pretended physiological effects of magnetism. As for what truth these latter may possess, I do not believe it at all possible today to take as a

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[1] Histoire académique du magnétisme, etc., pp. 439-442, by Burdin and F. Dubois.

basis for our estimation the observations contained in the academic reports of 1831, as the honorable experts of Marseilles have done. Those acts of insensibility, apparently so marvelous, which the commissioners observed and accepted as magnetic effects, would in our time be placed much more justly in the series of the most constant and best known symptoms of hysteria. But leaving these details aside, there remain a certain number of cases of the same order, as, for example, somnambulism, that seem to testify in favor of the possible abolition of the will under the influence of what is called magnetism."

We may note that the case we have cited was very little studied in itself. The circumstances were in no way defined, and the expert physicians did not see the girl, Marguerite A——. The only thing discussed by the experts of Marseilles was, not whether things had indeed taken place as the girl, Marguerite A——, pretended they had, but simply whether facts of this sort were possible.

They were, however, perfectly right in relying on the conclusions of the fine report of Husson, the only scientific document on the subject then in existence. There should be noted, too, the striking reserve of the two learned experts of Paris, Devergie and Tardieu, who were consulted in the matter; magnetism and charlatanism were two terms of very nearly the same meaning for the majority of the physicians of that time.

2. The second case that we will describe is the celebrated *Castellan affair,* of Toulon. It is a real romance, of striking dramatic interest, but a romance of real life, actually lived, and the narrators of it, Drs. Auban and J. Roux, have told it with a wealth of details such that today we can easily examine the affair in the light of recently acquired knowledge and judge it very nearly as we should a contemporaneous case. Here is the case, which we take textually from the report of the experts:—

"On the 31st of March, 1865, toward 6 o'clock in the evening, a man of about twenty-five years, homely, badly clothed, wearing long, black hair and an unkempt beard, afflicted besides with a lame foot, presented himself at the door of a house in the hamlet of Gouils, in the commune of Solliès-Farlède

(Var), which was inhabited by an old man named Hughes and two of his children, a young boy of about fifteen years, and a girl of twenty-six, called Josephine. This man, who was afterward known by the name of Castellan (Timothy), had formerly been a woodcutter, who, as a result of a wound in his hand, had given up his work and contracted habits of vagrancy, claiming on occasion to be a healer, or a magnetizer, and something even of a sorcerer. For the rest, he was unknown in the hamlet and expressed himself only by gestures, pretending to be deaf and dumb.

"At the sight of his state of destitution they let him take a place at the table and noticed during the meal that he affected certain strange practices, among others that he always filled his glass by pouring into it separately three times [instead of filling it by a single movement] and only drank after having made several signs of the cross over it and after having crossed himself.

"During the evening several neighbors, moved by curiosity, arrived. Then a ridiculous scene took place. By means of a pencil and a paper copy-book, a conversation half political, half religious, took place between the pretended deaf-mute and those about him, on whom his mysterious manners imposed. Finally, they sent this person to the hayloft to pass the night there. The young girl declared afterward that she had felt herself seized by an inexplicable terror that evening, and had lain down fully dressed on her bed. The night passed, however, without incident. The next morning, the young boy having gone away first, the father invited Castellan to take a bite with him, and then, as he had to go to his work, they both went out about 7 o'clock.

"A few moments later the tramp returned alone and found Josephine in process of attending to her household cares. He sat down at the corner of the fireplace. Several neighbors appeared during the course of the forenoon. One of them even came twice and brought some eggs for the man, whom peasant credulity already looked upon as holy. The first time he observed nothing in particular. Josephine merely complained of a headache. The second time, a little before noon, he noticed on entering that Castellan was making circular signs

with his hands behind the girl, who was leaning over the kettle. Josephine appeared to experience a certain malaise; her eyes expressed disquietude; her face was animated; she seemed to find the presence of a third person agreeable; it was clear that she was troubled at finding herself alone with this unknown man. Finally, toward noon, they were quite alone together.

"What took place from that time until 4 o'clock in the afternoon is known only from the deposition of the girl, somewhat vague besides, for the replies of Castellan when he was questioned were contradictory to the confessions that he had made to certain witnesses. It seems that at noon, moved, she said, by a feeling of compassion, she invited Castellan to share her dinner. He accepted and sat opposite her. She began by taking a spoonful of beans; just as she was about to carry a second to her mouth, Castellan, putting his thumb and index finger together, made a gesture as if to throw something into the spoon, but without her seeing anything fall into it, however. All at once, before she could swallow this second spoonful, she felt herself fainting. From this moment her movements became more confused. Having come to herself through the effect of some cold water that Castellan sprinkled on her, she started toward the door and fainted again before reaching it. Then he took her in his arms, carried her to her room, put her on a bed and satisfied his brutal passion upon her. She claimed that she was conscious of what was going on, but was unable to oppose it in any way. She did not have the strength even to pound on the wall, an act that would have been sufficient to bring the neighbors. One of her relatives came and knocked on the door of the room; she recognized his voice and could not reply. She did not remember whether Castellan repeated the same acts upon her several times or not. She believed that she received blows, but could not say why. Finally, she did not know whether he ordered her to go out with him, but she was convinced that she was impelled to do so by an irresistible force.

"However that may be, toward 4 o'clock people saw them go out together and depart, to the great astonishment of the neighbors, whom the wild air of Josephine Hughes filled with

compassion, and who were unable to understand how a girl whose reputation had been all right up to that time could thus follow a tramp well calculated to inspire repulsion. She went away in her coarse working clothes ejaculating incoherent words to the people whom she met, telling them that she was following the good God, etc. Castellan affirmed that on the way she called two persons to witness that her departure was voluntary, in accordance with a custom in vogue in the country; but the witnesses never turned up. They went together toward a neighboring village. The first night they were allowed to sleep in a hayloft; they left the next morning, wandering all day in the woods, where the girl was twice seized, she said, with those fainting fits that Castellan produced in her by his maneuvers, and in the evening they came to Collobrières, and sought hospitality in a farmhouse, where Josephine slept with the woman, while her ravisher slept with the latter's husband.

"The information supplied by these persons who sheltered them for two nights is not of special interest. They show us the girl at times blushing at the false position in which she found herself, and at times, in order to justify herself, invoking the constraint that her moral liberty had undergone.

"The third day they came to the hamlet of Capelude; here details abound. They entered the house of a man named Condroyer, and the neighbors came in a crowd. The day passed for the girl in alternate states of exaltation and of relative calm. At times she was prodigal in marks of passionate affection for Castellan, mingling with her caresses incoherent phrases in which the words flowers, souls, good God, etc., recurred at every moment; at times, on the contrary, she repulsed him, and manifested the most profound horror for him. She was constantly preoccupied with the idea that she would be taken for a *girl of the world* (prostitute). 'The biggest, the strongest woman would have succumbed,' she said on several occasions.

"In the evening she expressed a wish to go and sleep with a young girl in a neighboring house, but Castellan refused to let her go. To overcome her resistance he made some strange signs; other witnesses affirm that he touched her gently above

the hips and on the forehead. She immediately fell fainting into his arms, and remained thus nearly three-quarters of an hour without moving. Then, without her appearing to come out of this state, he made her ascend the fifteen steps of the stairway, supporting her under the arms and raising her legs by means of his knees. While this was going on he made her count aloud the steps that she ascended. 'Do you wish me to make her laugh?' he said to one of those present, and immediately she burst into crazy laughter. A neighbor helped to undress her, took off her stockings, and was surprised at her persistent state of inexcitability; he tickled the soles of her feet vigorously without producing the least impression.

"To bring her to herself Castellan gave her three vigorous slaps; she appeared to awake at once without the least pain and had, on the contrary, the appearance of feeling extraordinarily well. At last they were left alone. During the night an extraordinary disturbance was heard in the room which they occupied. The man, Condroyer, armed himself with a stick and ordered Castellan to leave the house. He, in turn, ordered Josephine to follow him. 'I will not go out,' she said, 'unless they drive me out with blows of a stick.' The incident appears to have gone no further.

"The next morning the girl came down first in a state of marked agitation, uttering disjointed phrases and behaving in a crazy fashion. Apparently wishing to imitate the practices of healers, she took a piece of thread and passed it several times in front of the eyes of one of those present, to rid him, as she said, of his blindness. Castellan came down shortly after and made her go around the room on her knees. The indignant neighbors held a consultation and decided to drive him away. He had scarcely gone out before the girl fell into one of her nervous states. She ceased speaking; all at once her arms stiffened, her fists closed, her teeth were firmly pressed together, and her eyes became fixed and haggard. The people about her were frightened, and, calling Castellan back, ordered him to make her come out of this condition. The moment he entered, the girl's arms became suddenly lax. He got on his knees and pronounced several mysterious words; then, giving her three slaps, he quickly terminated this long

crisis. A strange avowal escaped him at this moment; he said: 'This is not the first woman that I have made succumb in this way; twenty-two years ago my father also did something to my mother; she suffered a great deal from it.'

"The rest of the day passed like the preceding. At times the girl was possessed with her extravagant ideas; at times she deplored her position greatly, begging the people about her not to abandon her, and repulsing Castellan with horror. When questioned as to what she experienced during these attacks, she replied that she suffered a great deal; that she saw and heard everything that transpired about her, but that she felt her will completely paralyzed. It was sufficient for Castellan to touch her lightly and she felt a pain in her chest; at other times, on the contrary, she felt no relief unless she had her legs pressed against him. At a given moment, believing herself bound to her ravisher by an irresistible force, she insisted that he should divide the contents of a glass of wine that was offered him into two parts, and she drank only after him and from the same glass; she would consent to eat only bread from which he had bitten. This act relieved her; it was probably merely the repetition of a former scene to which she doubtless attributed the evil influence that enchained her; she thought that she was freed and declared that she suffered no longer.

"The next morning they went away together. Some distance away they met some hunters who insisted on questioning Castellan. While he stopped, she continued on her way; then, a little farther on, finding herself concealed by a rise in the ground, she made a detour, returning on her course and came running to the house from which she had just departed, expressing her joy at having escaped her enemy, and asking insistently that she should be concealed so that he could not find her. In the course of the day some people took her to her father's house. She was delirious again on the way. She arrived at home in a state of violent excitement, uttering inarticulate sounds or insulting every one she met.

"This condition lasted several days. A physician, who was called, found only fever and talkativeness, but no other intellectual disturbances except the superexcitation caused in this

unfortunate girl from the recollection of her lost honor. He bled her and this resulted in a favorable relaxation.

"A landowner in the neighborhood, who was interested in magnetism, subjected her to the customary manipulations some time later in the presence of several persons. He was able to produce in her the state of sleep, but not the state of magnetic lucidity. They wished to profit by this circumstance to get new information from her on what had passed; she added nothing to what she had said before. She experienced a certain degree of heaviness in the eyelids, which a simple touch from the operator caused to disappear. Finally, in the course of the month of May, the abnormal state of Josephine Hughes seemed to be notably ameliorated.

"Information gathered concerning her represents her as a girl in no way hysterical, of irreproachable morality, exact in fulfilling her duties, endowed perhaps with a slightly naïve credulity. Further, there appear to have been in her family no cases of insanity or imbecility.

"Castellan was arrested on a charge of being a vagrant and a beggar, and the magistrate charged with the inquiry raised the subsidiary question of ascertaining whether, in his intimate relations with the Hughes girl, the accused could, by the influence of magnetic maneuvers, have been able to abolish her moral liberty to such an extent that these relations could assume the character of rape. He consequently required Drs. Auban and J. Roux to examine this question from a medicolegal point of view.

"Drs. Auban and Jules Roux formulated their opinion in the following report: 'We, the undersigned . . ., through the requisition of the investigating magistrate, which is couched in the following terms: "Castellan has admitted, in the course of the procedure carried on against him, that he exercised a magnetic influence over Josephine Hughes. What was the consequence of this influence on the moral liberty of this girl in her relations with the accused? Especially, in putting Josephine Hughes into a magnetic sleep, did Castellan give himself the power of having intimate relations with her without her being conscious of them at the moment when they were accomplished? Could Castellan, by his magnetic influence,

reduce Josephine Hughes to such a state, even without putting her to sleep, that she would no longer have the moral liberty necessary to oppose the intimate relations that Castellan had with her, or to give an intelligent consent to them?"

"'After having previously taken oath, we have noted the contents of the documents that have been confided to us, documents relative to the Castellan (Timothy) affair. From this examination it results that in default of personal observations we can, with every reserve, however, solve the questions that have been submitted to us according to scientific documents and the only authentic case that exists on this subject. In agreement with Drs. Tardieu, Devergie, Coste, Director of the Medical School of Marseilles, and Broquier, a surgeon at the Hôtel-Dieu Hospital in that same city, who all expressed their opinions on the occasion of a case that had many analogies with that which has been referred to us for our opinion, we believe:—

"'1. That, by the maneuvers called magnetic, it is possible to exercise such an influence on the will of any person exceptionally predisposed by his nervous temperament, that his moral liberty will be perverted or more or less completely destroyed;

"'2. That on plunging a young girl into a magnetic sleep it is possible to have intimate relations with her of which she is not conscious at the moment when they are accomplished;

"'3. That it is possible that by the effect of the magnetic sleep the sensitiveness of a young girl may be sufficiently dulled and her will sufficiently annihilated so that, outside of complete magnetic sleep, she may no longer have the necessary moral liberty to oppose intimate relations or to give an intelligent consent to them.'"

Such is this curious case, which we can translate rapidly into modern style. Josephine Hughes was hypnotized by a vagrant charlatan, a magnetizer of low estate, and it should be noted that she was hypnotized *at the very first attempt,* and hypnotized in the most complete fashion, although up to that time she had never known hypnotic sleep. She then passed through the series of hypnotic states, and we can recognize successively in the account the traits of *somnambulism* and of *lethargy,* the latter either with complete forgetfulness on awak-

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ing, or, on the contrary, with consciousness of the acts accomplished during sleep. When Castellan takes her in a *fainting fit* (?) in his arms, carries her to a bed and rapes her, she claims *that she was conscious of what was taking place, but was unable to oppose it,* etc. There we recognize a state that we have already studied under the name of *lucid lethargy.* Finally, we recognize here and there the traits of hysterical delirium, and of *hysterical attacks* ending the succession of hypnotic phenomena.

It is said somewhere in the case that Josephine Hughes was in no way *hysterical;* we may understand by that merely what is understood in the world at large by that term, that is to say, that she did not appear inclined to the venereal act, and was a girl of good conduct.

3. The Lévy affair, confided to Professor Brouardel, is, as we shall see, a model of its kind. The complete account appeared in 1879 in the *Annales de Médecine Légale;* we shall give here the chief portions of it:—

"At the end of the month of April," says Dr. Brouardel, "Mrs. B——, a laundress of Rouen, some forty years old, accompanied by her daughter, Bertha, twenty years old, lodged a complaint before the court at Rouen against the dentist, Lévy, whom she accused of having committed the crime of rape on her daughter.

"Certain details furnished by the mother deprived this complaint of every appearance of truth. The mother declared that she herself had been present during the entire period of the appointments that her daughter had had with this dentist, and she said that she had seen nothing and had suspected nothing, and neither had her daughter up to the moment when Lévy himself had informed the latter of the acts that he had committed on her person. So much simplicity justified some skepticism; but after the first examination of the defendant no further doubt concerning the reality of the acts committed was possible. Before the examining magistrate Lévy made this astonishing confession:—

"'Yes; you were pure; you were a virgin. You thought in your simplicity that what I was doing was necessary, and you made no resistance. Save me; save my wife and my

children; say that I did not rape you and I will give you everything that I possess.'

"One fact was thus established: the defendant had had relations with the girl, B——, in her mother's presence without the latter suspecting anything; it remained to determine whether the girl, B——, had consented to these relations, or whether she had yielded to the advances of Lévy during sleep without being conscious of it.

"We extract from the act of accusation several details that make it possible for us to understand facts apparently incomprehensible. Let us say, first of all, that Lévy is thirty-three years old, a very handsome and intelligent man, and that, besides the incriminated acts, it is certain that, although married, he was indulging in a life of gross debauchery.

"The woman, B——, and her daughter, Bertha, are small, homely, and do not appear very intelligent; they both enjoy an excellent reputation. These are the important points that the act of accusation furnishes us. They serve to establish the character of the victim and her mother, and to make us understand the possibility of what is seemingly unbelievable: that the mother was present and unconscious of the acts committed by Lévy on her daughter.

"During the course of the year 1877, the man named Lévy, a dentist, came on different occasions to practise his profession at Rouen. He stopped each time at one of the large hotels of the city, and each time his coming was preceded by posters and announcements in the local newspapers. Attracted by these advertisements, B—— and his wife, simple laborers, whose daughter had suffered from her teeth for several months, decided to have her cared for by a man whom they called 'the great dentist,' and who was said to have more ability than his confrères.

"Monday, the 25th of February, 1878, Mrs. B—— presented herself, with her daughter, Bertha, aged twenty years, at the Angleterre Hotel. The accused, Lévy, put the strangest questions to this child and her mother concerning the general health of the patient and her general conduct, and, after having said that to determine the course of his treatment it was important for him to know whether she was a virgin, he

declared that it would be necessary for him to make an examination. They had either to leave or to consent. The examination was made. The final word of the consultation was that, the child being weak and anemic, it would be necessary, according to the expressions reported by the mother, to produce a reaction of the blood and institute this reaction from below. The two women believed him.

"The room that served as an office for Lévy was seven meters long. The operating chair was near the windows that lighted this large room. Mrs. B—— was seated near the mantelpiece, opposite the fire, practically with her back to her daughter. The operator then stood in front of Bertha B——, raised the seat and lowered the back of the chair, and placed himself between the legs of the patient, who was really lying in a horizontal position on account of the inclination of the chair.

"In accordance with his precise directions the young girl herself raised her lips and placed them against her nostrils, and held them there; then several minutes had scarcely passed when she felt herself losing consciousness. Bertha B—— said that she remained asleep, unconscious, so long as the operation lasted. Neither the woman, B——, nor her daughter, who had been cleverly concealed from her mother's sight, and whom it was necessary to arouse from her sleep or stupor in order that she might rise from the chair, could say precisely what took place at this first appointment.

"The next day nothing of any importance occurred to attract particularly the attention of the two women. The young girl, however, fell into the same stupor and into the same state of insensibility as the day before. The dentist told them to come again the next day. During the operations, which on that day lasted longer, the woman, B——, saw the accused, Lévy, suddenly retire from his client, who was insensible, as on the preceding days, and taking a flask from a small table, return toward her daughter, who soon uttered a groan, almost a cry. The mother was startled and got up to go to the operating chair, but Lévy stopped her quickly, saying, 'It is nothing; do not be disturbed; we are accustomed to that.'

"Shortly after, he took up a towel that he had spread over

Bertha B——, stooped down to wipe up something, then hastily rolled the cloth up and threw it into a corner. When aroused from her state of unconsciousness, the young girl still continued as if greatly stunned, and fell back on the chair. She seemed stupified and a prey to keen pains in her sexual organs, which had suddenly become the seat of smarting and burning for which she could not account. There is no doubt that on that day, February 27th, the accused satisfied his passion on his patient, in her mother's presence; in fact he admitted it. On the two preceding visits he had tranquilly studied his patient, and had been able to see the absolute confidence that they had in him.

"Thus Lévy admitted that he had connection with the girl, B——, several times in her mother's presence, and the latter saw nothing, as the accused also admitted. Lévy affirmed that the girl, Bertha B——, consented to these connections; she denied this most vigorously. In a preliminary report Dr. Lévesque determined that this girl had been deflowered. But a second question remained to be solved: Was it possible that Bertha B—— did not consent to the acts committed on her person by Lévy?

"The first hypothesis was, that the young girl, B——, had been placed under the influence of an anesthetic. It was because of this theory that Mr. Delavigne, investigating magistrate at Rouen, commissioned my learned confrères, Drs. Cauchois, Lévesque, and Thierry, Professor at the Medical School of Rouen, and put them the following questions:—

"The facts revealed by the inquiry being known, notably the maneuvers practised on Bertha B—— before she lost consciousness, and, further, the phenomena experienced by her, state 'whether it is possible that this girl was subjected to any sort of an anesthetic agent, and, if the answer is an affirmative, whether any sort of an anesthetic agent would make it possible to perpetrate the acts mentioned without the victim's being conscious of them.'

"We take the following passages from the report of our confrères," says Dr. Brouardel: " 'Bertha B—— claims that she was asleep during each visit to Dr. Lévy; nevertheless she adds that she was not aware of this fact until after the revela-

tions of the dentist himself at the time of the last visit. The following is the way, however, in which things transpired, according to her story: As soon as she was seated in the operating chair with her head and trunk inclined backward, Bertha B—— herself raised her upper lip, as Lévy directed, and applied it over the anterior openings of her nasal passages by means of the first two fingers on each hand; then, in this attitude, she went to sleep at the end of a few moments,—two or three minutes, she says,—during which it seemed to her P. Lévy did some operations on her teeth, concerning which she could give no precise details such as would make it possible to infer what they were.

"'We have questioned Bertha B—— on the hypothesis that these operations might relate to the administration of some sort of an anesthetic. The latter would necessarily be either chloroform, ether or nitrous oxide. Now, during the several moments that preceded sleep, Bertha B—— never noticed that the dentist placed or held in front of her mouth either a flask or a cloth moistened with a liquid or a strange odorous substance, or, in a word, any apparatus that could contain any sort of an anesthetic. Further, the dentist never took any special precautions with her, nor did he give her any advice that could have tended to facilitate anesthesia, such, for example, as to recommend the patient to breathe deeply, as is the rule in giving ether and chloroform. Finally, Bertha B—— never experienced before or after any of the appointments the least physiological symptom that could be due to the action of ether or of chloroform.

"'Thus, before sleep there was no sensation of heat, no smarting of the lips, the gums, the isthmus of the pharynx; no acrid taste, no salivation, no cough, no feeling of suffocation, no nausea, no vomiting; sleep was never preceded by the least nervous disturbance or agitation, nor by a sort of intoxication more or less apparent.

"'Finally, let it be noted that it was not during a single meeting, but during four or five consecutive meetings, and each of thirty minutes' duration at least, that matters transpired as the girl, B——, related them. Taking into account both the facts elicited by the inquiry and also the information

supplied us by the victim, we say that the conditions under which the girl, B——, claims that she was put to sleep do not in reality make it possible to admit that she was subjected to the action of any sort of an anesthetic.'

"So the reply was negative. Bertha B—— had not been put to sleep by an anesthetic. But, after having replied to the question that had been put them, the experts added that, being consulted by Mrs. B—— concerning the state of her daughter, they had found that the latter, who was four months and a half pregnant, exhibited some symptoms of hysteria: globus hystericus, laryngeal spasms, and especially incomplete anesthesia on the right side and complete on the left; that notably the genital organs, the labia majora, could be pierced by needles without the young girl being aware of it. They did not conclude from this examination that this insensibility sufficed to make them admit that Bertha B—— had no notion of the assaults to which she had been subjected; but the magistrates put the question, and Mr. Grenier, president of the assizes of the Seine-Inférieure, did me the honor to appoint me to answer it, through a judicial commission drawn up as follows:—

" 'In view of the fact that Lévy has admitted having had intimate relations with the girl, B——, but that he maintains that this girl consented to these relations; that it is desirable to know whether, at the moment when the acts took place, the girl, B——, was, for any cause whatever, in such a condition that it was impossible for her to be aware of what was going on and impossible for her to give her consent to the acts committed on her person; that three doctors chosen by the investigating magistrate have been called upon to pronounce an opinion on this question after examining the information obtained and seeing the victim; in view of the fact that the facts they have discovered show that the pretended victim is affected with a neurosis that puts her in conditions that are very exceptional from the point of view of sensitiveness; that it is desirable for the establishment of the truth that the findings of the first experts should be controlled, since questions have arisen that are perhaps new, and concerning which, in

any case, the court cannot collect too much information; for this purpose we appoint Dr. Brouardel . . .'"

Dr. Brouardel concludes, in the first place, that, "even though it is established that Bertha B—— is an hysteric, she could not, *'while awake,'* be unconscious of acts committed on her person." The hypothesis of hysteria should be rejected, then, under the circumstances; likewise that of the production of sleep by anesthetics,—chloroform, ether, etc.

"*Second Hypothesis.*—Could sensation be absolutely and temporarily abolished under the influence of a morbid state? We shall seek for facts on which to base our judgment on this point in the present state of health of the girl, B——; but we must at once state that nothing proves that what is true today was equally true some months ago, when the girl was confided to the care of Lévy. Today she is five months pregnant; she appears disturbed by the events that have taken place, and it is probable that her nervous condition is more profoundly affected than it was at the end of February; it may even be affected in a different way. With these reservations the following are the facts that we established during our visit of July 29th:—

"The girl, B——, twenty-one years old, is thin and pale; her lips are discolored; there is a slight murmur at the base of the heart; in a word, she is very clearly anemic. She appears calm, almost somnolent, semitorpid; she is more ready to weep than to be angry, and shows little reaction under the influence of the questions that are asked her; her intelligence appears to be developed to a mediocre degree without its being possible to judge whether it has always been so or whether this stupor is temporary. The mother states that her daughter is constantly falling asleep. We do not take account of the sensations experienced by the girl, B——, such as suffocations, nightmares and spasms, because we can only judge of them by the statements of the girl herself. Besides, her replies are so lacking in precision that they must be considered valueless. It seems, however, that she has never had great hysterical attacks of a convulsive nature; their occurrence would certainly have impressed her memory, at least her mother's.

"Her general sensation exhibits the following modifications: diminution or abolition of sensitiveness to pain; sensation of pain on vaginal palpation (conservation of sensitiveness to pain and to contact in these parts). In short, the girl, Bertha B——, is at the present time an anemic, and her hysterical manifestations place her rather in the class of hysterics of the depressed type than in that of the excitable, mobile, spasmodic or convulsive hysterics.

"We subjected this young girl to another test: we closed her eyes, and almost immediately we felt her eyeballs agitated by little convulsive movements, passing up and down in a convergent strabismus. Her head was thrown back on the back of the chair; her hands, which were crossed, fell gently to each side of her body; her breathing became slightly labored; the walls of the chest were more elevated, and in a space of time that did not exceed a minute, this young girl was asleep. We shook her gently; then her contracted pupils dilated greatly as when someone wakes suddenly from natural sleep, and she regained at once the possession of her intelligence. We repeated this experiment twice, and obtained the same results; but we did not wish to prolong an experiment that, in this young girl's state of pregnancy, might not have been without consequences.

"Hence, it is actually possible to produce an artificial sleep in the simplest and easiest fashion in this young girl without employing any anesthetic. . . . The method by which we succeeded in putting the girl, B——, to sleep was that of applying the fingers to the eyelids. There is nothing that leads us to think that this method was employed by Lévy; but we know that in persons who readily yield to this hypnotic sleep it is sufficient, in order to produce it, to employ quite different means; to make a subject who is predisposed by his nervous condition look at some object, any object whatever, rather bright, placed from 15 to 20 centimeters above the eyes, or even to force the eyes to be directed upward, without a brilliant point to gaze at, merely looking at an imaginary object."

Dr. Brouardel then gives a brief account of the physical and moral conditions,—among which first place should be accorded hysteria,—that predispose most to induced sleep,

and recalls that in the latter state it is possible to perform the most painful operations, as he himself saw when he was an interne at Velpeau. He then puts the following question:—

"Did Miss B——, who was nervous, impressionable and placed by Lévy in such a position, lying down, that her hands raising her upper lip and at the same time closing the nostrils prevented her sight from being directed to the lower portions of her body, and forced her eyeballs to turn up,—did Miss B——, during her visits to Lévy, fall into hypnotic sleep?" The reply, even taking into account the particulars of the case, the absence of witnesses, etc., is *clearly affirmative;* it eliminates, likewise, what is of great specific importance, the hypothesis of simulation. The confessions of the defendant and other extramedical circumstances decided the jury to convict, and Lévy was condemned to ten years imprisonment.

"Dr. Cauchois," adds Dr. Brouardel, "was kind enough to give me some complementary information concerning the girl, B——. She was delivered at seven months of a stillborn child, whose age coincided with the early visits made to the dentist, Lévy. We now come, at the end of this study, to the conclusions already formulated by Drs. Devergie and Tardieu: every reservation having been made as to the possibility of fraud, this case should be added to those which led them to admit that a girl may be raped while her will is abolished through a state of nervous or hypnotic sleep."

Such is this remarkable case, which might be *summarized* as follows: An hysterical girl, hypnotized for the first time, and easily hypnotized, by an individual probably familiar with such practices. When this magnetizer was sure of his victim, he raped her in the course of several hypnotic séances. The hypnotic had no consciousness of the act during or after the sleep, and if we wish to designate the hypnotic state into which she was plunged, everything seems to indicate *lethargy,* or a *lethargoid* state, rather than any other state.

4. The following case, from Dr. Ladame, was reported *in toto* in the *Annales d'hygiène* for 1882.[2] The summary of it follows:—

[2] Hypnotic neurosis in legal medicine; rape during hypnotic sleep. *Annales d'hygiène et de médecine légale,* 3e serie, t. vii, 1882.

"The German pastor at Chaux-de-Fonds received, in July, 1881, a visit from a young girl originally from Zurich, who asked him to write to her parish to obtain authority for her to go to the Maternity Hospital in Bern for her lying-in. This young girl claimed that she was pregnant since Christmas night. On that night, being alone for a moment with a young man who was accustomed to 'magnetize' her, she was raped by him, she said, after he had put her to sleep. The young girl was received at the Maternity and delivered at the end of September. But the letter of the German pastor who asked for her admission into the hospital at Bern fell into the hands of the examining magistrate of Bern, who at once issued a complaint to the magistrate of Chaux-de-Fonds. The latter made an investigation, which he transmitted to the attorney-general of the Republic.

"We were then called upon by the attorney-general to make a medicolegal report on this case, and to reply in particular to the following points:—

"1. Should the story of Maria F—— be considered probable in its general statements?

"2. Could coitus have taken place under the conditions that she described, and without its being possible for her to have been conscious of the acts to which she was subjected?

"3. Was the will completely paralyzed in this young girl, and was she unable to oppose any resistance to her seducer?

"4. Is conception possible when a woman is in a state of absolute insensibility?"

The replies of Dr. Ladame to the questions put by the magistrate are as follows:—

"*First question.* — Should the story of Maria F—— be considered probable in its general statements?

"*Reply.*—Yes; this story is probable in its general statements. When Maria F—— says that she lost all volition in the presence of Louis V——, this assertion is evidently tinged with exaggeration; but what must be admitted is, that the latter always succeeded, even against the will of this girl, in 'magnetizing' her, and that only a sign or a look was necessary to put her suddenly and profoundly to sleep. This phenomenon is common in persons who have frequently been put to

sleep, and we have very often been able to demonstrate it. We think that it is possible to admit also, in its general statements, the probability of the scene that is said to have taken place Christmas eve, in particular that of the following passage from the deposition of the plaintiff, concerning which, however, we have a reservation to make:—

"'He (Louis V——) magnetized me in the kitchen without asking my permission; then, at a certain moment, I half awoke; I saw confusedly that I was on his bed, and I felt that he was on top of me. I wanted to repulse him, but I had no strength, and when he perceived that, he put me to sleep more profoundly than the first time; I also wanted to cry out, but I could not,' etc.

"To understand and admit the probability of this story, it must be known that there are several degrees in hypnotic sleep, and that when it is not too profound consciousness may be retained up to a certain point. The first degree of this sleep is a sort of dullness. The subject is conscious of what is being done to him, and even thinks that he can resist; but he is absolutely powerless. Dr. C. Richet, Professor in the Faculty of Medicine of Paris, reports that one of his friends, being simply dulled and not completely asleep, has especially well studied this phenomenon of impotence coincident with the illusion of power. 'When I indicate a movement to him,' says Dr. Richet, 'he always performs it, even when, before being magnetized, he has completely made up his mind to resist me.'

"In this degree of sleep the hypnotized person imagines that he can resist; in reality he does not resist. He consequently has an illusion as to his power of resistance. Consequently, when Maria F—— affirms that she wished to repulse her seducer, but that she had no strength; that she wished to cry out, but that she could not, etc., we must admit that she imagined that she could cry out and resist, but that she did not have the will to do so: for it is not strength that is lacking during 'magnetic' sleep; it is the will that is paralyzed.

"In ascribing this significance to the words of Maria F——, and making all reservations as to the possibility of a lying invention, we can conclude that nothing in her story contradicts the known phenomena of magnetic or hypnotic sleep, and

that authorizes us in consequence to regard the story told by this girl as improbable in its general statements.

"*Second question.*—Could coitus have taken place under the conditions that she described and without its being possible for her to have been conscious of the acts to which she was subjected?

"*Reply.*—The most painful operations have been performed on certain persons in the hypnotic state without their being conscious of them. We have ourselves very often demonstrated the reality of this absolute insensibility in certain hypnotic individuals. We must, therefore, admit with all the physicians who have preceded us in this medicolegal study, that a girl may be raped while in a magnetic sleep without being conscious in any way of the acts to which she is subjected. We must, nevertheless, admit that fraud in such cases is excessively easy, and we must make every reservation as to the possibility of such fraud. Having made these reservations, we will reply thus to the second question asked: Yes; coitus could have taken place under these conditions, and without its being possible for the young girl to be conscious of the acts to which she was subjected.

"*Third question.*—Was the will completely paralyzed in this young girl, and was she unable to oppose any resistance to her seducer?

"*Reply.*—Every reservation being made as to the possibility of fraud, and admitting the reality of the hypnotic sleep produced in the young girl, we will reply to the third question also by an affirmative. Yes; if Maria F—— was put to sleep by Louis V—— under the circumstances that she describes, she was unable to offer any resistance to her seducer."

The conclusions of Dr. Ladame's report follow:—

"1. We must admit that Maria F—— could have been raped by Louis V—— after having been plunged by the latter into a *magnetic* or *hypnotic* sleep. In this state she could not oppose the outrage that she endured, and she has retained no recollection of what passed, or only a confused recollection of a part of the scene.

"2. Conception could very well result from the rape, and

the date of delivery of this girl demonstrates that the time of fecundation coincides with the time of the assumed rape.

"3. In the absence of a medicolegal examination made immediately after the scene that took place on Christmas eve, it is impossible to affirm actually that Maria F—— was really put to sleep with a criminal intent and raped that evening by Louis V——.

"4. It would doubtless be easy to obtain a detailed description of this scene by hypnotizing Maria F——; but the experiment is a very delicate one, and might produce an error from the fact that during hypnotic sleep it is possible to suggest voluntarily or involuntarily to the person asleep dreams and hallucinations that he describes with an astonishing precision of detail. This description could impose upon us and make us believe falsely in the reality of the scene dreamed by the person in a state of hallucination.

"5. However that may be, the demonstration of hypnotic sleep induced in Maria F—— would be sure to be an important source of information for the inquiry into this affair; but the results obtained by this means could not in any case serve as sufficient evidence for forming a decisive and sure judgment."

This report, in which we recognize extreme prudence together with perfect sagacity, did not succeed in convincing the magistrates. The material facts were not established, and the plaintiff, *whose past conduct had not been very regular,* met with little credence: the defendant was acquitted. We must, however, regard the case as *doubtful* in itself; it must be admitted that it does not possess the value of the two cases of Castellan and Lévy, where the facts were fully established; but the report of Dr. Ladame was worth citing and worth being known.

5. The following case, whatever its interest, is open to the same objection: it is probable, but it is not at all proven that it is true. It is reported by Dr. Pitres. It is the case of a young girl who was subject to convulsive hysterical crises, very frequent and very violent. At first she was not hypnotizable. In 1883 she returned to the hospital on different occasions because of hysterical attacks (rhythmic chorea, paralysis of

the extremities), and at that time she was very easily put to sleep. She had *hypnogenic zones on her extremities* (*elbows and popliteal spaces*) and fell into a somnambulistic state by fixity of gaze, by listening to a monotonous noise, etc. *At this time she was still a virgin.* She left the hospital in company with another hysteric, and she relates the scene of rape thus:—

"After having left the hospital we met two gentlemen who knew Theresa (this was the name of the second hysteric) and they invited us to lunch. I did not wish to accept; but, being urged to do so, I ended by going. We came to a little restaurant outside the village. One of the men wanted to kiss me, and I got very angry; lunch was served without his renewing his attempts. When lunch was over, Theresa left me alone with one of the men. He wanted to kiss me, but I defended myself; I threatened to cry out and I even seized a chair to defend myself. He then rushed upon me and *seized me by the arms.* Then I lost consciousness and I do not know what happened further. When I came to myself again (awakened by Theresa) we were all four in the main room of the restaurant, and it was time to leave. I noticed that I was wet about my private parts, and that I felt a little pain there. I came back to Bordeaux and went home." Nine months after this day the patient was delivered of a child at term.

"In my opinion," adds Dr. Pitres, "the preceding story is in every way probable. I must say, however, that no absolutely certain fact demonstrates its truth. I recently met the companion of the victim and questioned her persistently. She affirmed that she never went to lunch at a restaurant in the neighborhood of the town with two men and our patient. Who is to be believed? Knowing the two patients as I know them, I have incomparably more confidence in the story of the one who claims to have been raped. But, once again, there is no absolute certainty there." The great interest in this case, *if it had been confirmed,* would consist in the method employed by the criminal: *forced hypnotization by compression of hypnogenic zones* well known to him.

We have now completed the record of crimes of rape during hypnosis, and with the exception of a case from Dr. Mesnet, which is more than doubtful, which we shall recount later, we

have given,—as we intended to do,—all the cases published in the medical literature in the French language. And this record consists of *two cases* proven, the Castellan affair and the Lévy affair; two cases badly established, those of Coste and Broquier and of Ladame, and one case only probable, but in which an accusation would have been too lacking in foundation, that of Pitres. It must be recognized that this record is a very small one, and while it has now been *perfectly proven that a subject put into a state of hypnosis may be raped in that state,* whether she is conscious of it or not, the known number of these cases answers badly to all the noise that has been made within recent times concerning *rape* and *hypnotism,* and in a more general way concerning *hypnotic crimes,* raised by the school of Nancy, whose doctrine in this matter we will give.

Let us recall first, what we said in the preceding chapter, that in the opinion of this school, *suggestion is everything in matters of hypnotism.* It is suggestion that puts subjects to sleep, and all the varied states of hypnosis are only *degrees of somnambulism* in which the subject is *always suggestible;* he is so only in different degrees, and that is what produces all the shades between the different objective states exhibited by the subject. The subject asleep *is thus always and everywhere a suggestible somnambulist;* this is the chief fact, and we shall see at once the medicolegal interest that is derived from this conception.

Let us hear what Dr. Liégeois says, one of the most authoritative representatives of the school of Nancy: "Every person put into a somnambulistic state becomes, in the hands of the experimenter, *a pure automaton,* as much in a moral respect as in a physical respect. It is not even saying enough to compare him to the clay that the potter molds as he will and fashions in a thousand forms; often, in fact, the somnambulist seems to carry out, of his own accord, the wishes of the person who has put him to sleep. He sees only what the latter wishes him to see; he feels only what the latter wishes him to feel, and believes only what he wishes him to believe. All spontaneity has disappeared; it is as though a foreign will had driven his own will out of its habitation; at least the new will itself fixes the limits of its domain and leaves to the poor

expelled will only those parts of the government that it gives up or rejects."

Hence, the sleeping subject *performs, feels, sees, undergoes,* etc., during the phase of hypnosis, all that the hypnotizer wishes him to *perform, feel, see, undergo, etc.* On awaking the subject generally remembers nothing of what has passed during the phase of hypnosis, and should you fear that he may remember, nothing is more simple: *suggest to him* to forget everything that took place during hypnosis.

But there are better things still: it is possible to give during the sleep suggestions *for acts to be performed after waking,* and the subject performs these acts punctually to the date, to the moment ordered, even though this date should be very distant from the date of hypnosis; and the school of Nancy relates cases of hypnotic suggestion that had their full effect after twenty-five days, sixty-three days, one hundred and seventy-two days (Beaunis), and even three hundred and sixty-five days (Liégeois). And when the subject performs the act, he believes that he does so *of his own accord* without any recollection that he acts under a suggestion made during a preceding state of hypnosis. Doubtless if he were again put to sleep just after he had performed the act, it would be possible to obtain the secret of the motive that made him act and discover the suggestion and its author; but, again, the hypnotizer who was author of the suggestion, can protect himself from this indiscretion by adding to his suggestion the order to forget all remembrance of it in a future hypnotic state. "You will remember nothing if you are put to sleep, either of the act performed or of the person who may have suggested it to you."

If you were to accept all these facts which form the body of the doctrine of the school of Nancy, you see how easy crime becomes in a somnambulistic subject. You can rape a woman during her hypnosis; to do so it is sufficient for you to suggest to her, to give her the order to yield herself to you. You can even do things in a much more *elegant* fashion. Put the lady of your choice to sleep and, during her sleep, suggest to her to come and offer herself to you on the day and hour that best suits your convenience. Do not forget besides to suggest to

her never to betray your suggestion or its author during a future hypnosis.

If things were as the school of Nancy believes, *hypnotic crimes* would be counted by hundreds. At every period since Mesmer there have been magnetizers; at certain times the number of them has singularly increased, and the time of the studies of Charcot and of the school of Nancy was precisely one of these paroxysmal periods; during several years at that time, hypnotism was the only subject discussed. Such easy crimes as hypnotic crimes ought, then, to have existed at all times, and these later years ought to have seen them increase in number.

It must certainly be admitted that even if a large number, the immense majority even of these crimes must necessarily remain concealed, yet chance or some other circumstance would have disclosed a small fraction of them, even if only a dozen, so far as rape is concerned: we certainly do not ask a great deal. But no. The record of hypnotic rapes is very small, as we have seen, and even in these crimes *suggestion does not appear to have played* any rôle; reread the cases of Castellan and Lévy, and you will not find the magnetizer employing this method.

I have sought for these crimes through somnambulistic suggestion, and so far as rape is concerned I have found *one*, and some doubts surround that, as we shall see. Dr. Mesnet has reported the following history:—

In 1889 he had in his wards a young girl of seventeen years who claimed that she had been raped during an attack of hypnotic sleep. She was easily hypnotizable and Dr. Mesnet could, after he had put her to sleep, examine her with a speculum without her knowing the least thing about it on awaking.

In the waking state the patient *knew only one thing*, and that was that she had followed a young man one evening and had spent a part of the night out of doors.

In the sleeping state, she related the events very differently: one evening when she entered an omnibus office, she saw there Mr. X——, whom she knew by sight, who had often sought to speak with her and to follow her, but she had avoided him. He came to her and took her hands; she wanted to run

away. He restrained her and put her to sleep by gazing fixedly at her. From that moment she lost control of her actions; she followed her hypnotizer, first into a carriage, then into a room in a hotel near the Place de la Bastille, where, under the controlling eye of the man, she lay down and let him do without resistance on her part, whatever he wished. Toward midnight they both left the hotel, and at 1 o'clock in the morning she awoke in a street near the Pantheon, and entered her home at half-past one, believing that it was scarcely 10 o'clock.

Three days later, at 2 o'clock in the afternoon, when she was at home, she got up suddenly, put on her hat, thrust aside her mother and sister who tried to prevent her from going out, and without hesitation went straight toward a house where she found Mr. X——, who was awaiting her, and said, "Here I am." It was through the influence of a suggestion given three days before by the hypnotizer who had abused her, that she came to find him again.

This is the only history that we know of a case of rape through suggestion. This history is certainly probable in principle; it may be true, but it has, we know not what odor of trickery. There is something of exaggeration about this scene of instantaneous hypnotization in an omnibus office, which strikes us at once; it should be remembered also that since Mr. X—— was so distinguished a hypnotizer, he might very well have tried to suggest to his subject amnesia of the scene of rape and of his suggestions.

But to continue. If hypnotic rapes are so rare that they may be counted with singular ease; if real rapes through the method of suggestions are still in a state of myth, it is because things do not transpire at all as the school of Nancy claims, and we must accept on that point the teaching of the school of Salpêtrière, which is much wiser and much nearer the real facts.

Suggestion is not everything in hypnotism; there are phases, stages of sleep in which it plays no rôle, such as the state of lethargy, and this state is precisely the one that seems most favorable, as we have seen, for the perpetration of rape. But even in *somnambulism,* the state in which suggestion is

in consequence, but her passion was not extinguished. If the presence of the young man was evoked, she immediately gave signs of great affliction; she wished to leave; but it was impossible to make her consent to any act whatever that might be harmful to him whose victim she was; *she obeyed all other orders in an automatic way.*"

There is found in the interesting book of Dr. Gilles the account of a poisoning,—imaginary, of course,—suggested to a celebrated hypnotic and performed by her in an induced sleep. Now this great hypnotic, who poisoned people without compunction during her sleep or on coming out of the hypnosis, refused vigorously to obey the suggestion to remove her clothing; this was because she weighed and clearly knew the impropriety of such a suggestion.

A hypnotic may willingly accept an innocent suggestion, but if things go farther, he will distinctly refuse to continue to accept suggestions. "Several times," says Liégeois, "I have been able at Dr. Liébeault's to persuade perfectly chaste young girls that they were married and that I was their husband, in the presence of their mothers or their relatives or female friends; they accepted this idea perfectly." This was clearly innocent enough.

Now let us see the counterpart of this. Dr. Delboef[4] suggested to a young girl that she was in her chamber and that it was time to go to bed. She cast incredulous glances about, then wished to arrange her bed . . . she took down her hair and unfastened her clasps. At this moment the hypnotizer stopped her and *tried to suggest to her that he had just married her; she refused the suggestion, and threatened to get angry and to cry out.* You see that at the moment when the affair *was about to become serious,* the subject rebelled.

The father of hypnotic somnambulism, Puységur, has supplied very remarkable examples of the resistance of magnetized subjects; let us quote his opinion on this point, and also one of the most typical cases, which is very relevant here.

He says[5]: "The power that is acquired over individuals

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[4] Cited by Dr. Crocq, *loc. cit.*

[5] Puységur, *op. cit.*, p. 120.

susceptible of entering into the *magnetic state* (somnambulism) has absolute sway only in things that concern their health and well-being; beyond that it is possible to use one's power in things innocent in themselves, such as walking, changing position, dancing, singing, carrying something from one place to another, etc; *in short, everything that a person would allow himself to require indifferently of anybody in a natural state.* But *there are limits where the power ceases,* and I could almost affirm that these limits will always be felt instinctively by magnetizers.

"One day I questioned a woman in the *magnetic state* as to the extent of the power that I could exercise over her. I had just forced her, for a joke, to strike me with a fly-flapper that she held in her hand. 'Now,' said I, 'since you are *obliged* to beat me, who have done you good, it is to be wagered that if I absolutely wished it, I could make you do *everything that I* wished; make you *undress,* for example,' etc. . . . 'No, sir,' she replied, 'that would not be the same; what I have just done did not seem to me right; I resisted for a long time; but since it was a joke I finally yielded, since you *absolutely wished* it; but as for what you have just said, you could never *force* me to remove my clothing; my *shoes,* my *cap,* as often *as you please,* but beyond that you will get nothing.'

"A girl (it was Catherine Montenencourt) was present during this conversation, and laughing, said in jest, that in Geneviève's state it was possible to carry things *as far as one wished;* that, in short, she was not at all convinced of everything that this woman had just said. *Half an hour later* I had occasion to put this same girl into the *magnetic state,* and as soon as this was accomplished, I put the *same* questions to her as to Geneviève; her replies were absolutely the same. I recalled to her what she had just said in her natural state. 'Oh, well,' she replied, *'I do not see things the same now.'* 'But really,' I said, 'if I absolutely wished you to remove your clothing, what would be the result?' *'I should wake up,* sir; it would produce the same effect on me as the slap that was given me on the side several days ago, and *I should be very ill* in consequence.' I had awakened Geneviève during this conversation, and as soon as she was in the *natural state,* she

took the former rôle of Catherine. Although all the patients who were witnesses of this double scene assured her that she had spoken like Catherine, nothing would persuade her of it."

In all these cases we see resistance to acts suggested during sleep and involving immediate performance; in the following cases, which we take from Dr. Pitres, we shall find the same resistance to acts to be performed after sleep, whether the subject declares during hypnosis itself that he will perform nothing on awaking of what he was ordered to do, or whether his resistance does not appear until the very time for the performance of the act.

"One day," says this author, "I ordered one of our hypnotized patients on awaking to kiss one of the students on the service, Mr. X——. On being awakened, she went to the student designated, and took his hand; then she hesitated, looked about her and seemed annoyed by the attention with which we were looking at her. She remained several moments in this position, with an anxious expression and a prey to a very lively distress. Pressed with questions, she ended by confessing, with a blush, that she had a desire to kiss Mr. X——, . . . but that she would never commit such an impropriety."

"To give an example," adds Dr. Pitres, "of this resistance to suggested acts, I put Emma to sleep, and after having placed a piece of money on the table, I said to the patient: 'When you awake, you will take from the table a piece of money that someone left there. Nobody will see you. You will put the money in your pocket. It will be a little theft, which will have no unpleasant consequences for you.' I awoke the patient. She went toward the table, searched for the coin, and put it, hesitatingly, in her pocket. But the next instant she took it out again and put it in my hand, saying that the money was not hers and that the person who had forgotten and left it on the table must be sought for. 'I don't wish to keep this money,' she said; *'that would be stealing and I am not a thief.'*"

The following case, which will be our last, will show a singular method of refusing the suggestion that was received during hypnosis: "When certain hypnotized subjects," says Dr. Pitres, "are ordered to perform on awaking an act that

offends their conscience, they declare explicitly that they do not wish to obey such an order, and that they will not let themselves be waked until they are assured that they shall not execute it. And as a matter of fact if the order is persisted in, it is impossible to awake them; breathing on the eyes and pressure on the ovaries no longer cause the hypnotic sleep to cease.

"Up to the present I have seen this method of resistance to suggestions in only a single patient, Albertine, and under the following circumstances. Among the nervous disorders that may arise spontaneously in hysterics, is aphasia with or without paralysis of the extremities. Albertine has several times exhibited disorders of this sort. It has happened that on several occasions she has lost the use of her voice completely during several days in succession. This hysterical aphasia is not grave. It may be made to disappear by suggestion or by the application of electric currents; Albertine, however, dreads these attacks, which she considers wrongly and without reason, as the most disagreeable of all that she has experienced up to the present. Now one day I ordered her, while she was asleep, to become aphasic on awaking, and to remain so for twenty-four consecutive hours. The experiment succeeded completely. But when I later tried to repeat it, Albertine declared that she did not wish to become aphasic on awaking, and that if I persisted in commanding her, she would not allow herself to be waked. I did not think at that time that she could oppose any sort of resistance to the methods that we ordinarily employ to awake patients. I persisted in my command and I blew on her eyes; but the patient did not wake up. I made her lie at full length on her bed; I pressed on her left ovary, but with no greater success. I pressed harder, and the only result I obtained was to induce a state of lethargy in place of the cataleptic state. I had to make a compromise and promise the patient that she would be aphasic for only five minutes. She ended by accepting these conditions and then I could wake her without difficulty. Since then I have repeated this experiment a comparatively large number of times, and the results have always been the same."

After the review of these cases Dr. Gilles de la Tourette's

conclusions will appear fully justified. "An individual who puts a woman into a state of *somnambulism* cannot get possession of her unless she is perfectly willing to yield to his wishes, just as in normal life. Under any other circumstances he will have to *take her by force,* a difficult thing to do when we remember the unusual strength of the somnambulist."

As a summary of this whole study of *rape during hypnotic states,* we may say: Yes, rape is possible in such states, although it is extremely rare; but in any case success does not come through suggestion, for, according to the very correct formula of Professor Brouardel, *the hypnotic obeys only those suggestions that are agreeable to him or to her.* It is very easy to possess a woman in a state of lethargy; that is to say, a subject plunged in a hypnotic *physical and moral stupor;* it is not possible to possess a woman in a state of hypnotic somnambulism unless she is indeed willing, and cases of this order are yet to be produced.

Rape in States Analogous to Hypnotism.

In hysterics there may occur *spontaneously* certain symptomatic states analogous in a general way to the hypnotic or artificial states of lethargy, catalepsy and somnambulism; these states have been named hysteric *lethargy, catalepsy,* and *somnambulism.*

During these states the consciousness of the subject is naturally abolished or modified, and any illegitimate sexual intercourse consummated at that time could evidently be considered rape and investigated, followed up and punished as such. But if, theoretically, we can forsee the abuse of these three states, it is not the same in practice. I do not know of a single authentic case of rape on a *hysterical cataleptic.*

It is the same with hysteric somnambulism, and, nevertheless, since the works of Mesnet, this curious state has been much studied. According to the ideas of the school of Salpêtrière, which are remarkably well described by my friend, Dr. G. Guinon, in the second volume of Charcot's *Clinique des maladies du système nerveux,* this state is the passionate phase or the third phase of the great classical attack of hysteria,

which takes on an unusual development at the expense of the other phases, or which may even be completely isolated from them. Hysteric somnambulism is a *hallucinatory* delirium, sometimes violent, sometimes calm and tranquil, in which the subject, with his mind fixed on his delirious ideas, follows them without the least concern for the external world and without the slightest conception of the place where he happens to be. The subject accepts only those suggestions that are in accord with his delirium, and more often still he accepts them with the narrowest limitations. There is nothing in common between this form of delirium and the passive automatism of the hypnotic somnambulist. We must admit that an assault on the person would be very surprising in these cases, and as a matter of fact, none is known.

It is not the same with *hysteric lethargy,* and its name alone well tells what a criminal can do on a subject. We will consider lethargy, then, and beside it we will place two states, almost certainly of hysterical nature, in which consciousness is also spontaneously and singularly modified: *natural somnambulism* or *noctambulism,* and *multiple personality* or *vigilambulism.* We shall see that they both come clearly within the field of our study.

Hysteric Lethargy.

This state is met with especially under two circumstances. Sometimes it manifests itself apart from any convulsive attack, constituting in itself alone the whole apparent symptomatology of hysteria; sometimes, and more frequently, it is an episode in the attack, an episode besides that often predominates and absorbs all the others to its own profit.

The duration of the *attack of sleep* (this expression is synonymous with hysteric lethargy) is very variable; while at times very brief, a half-hour, for example, it may extend over entire days, months, and sometimes, it is said, even years. It is then a case of *apparent death,* and note well that as a matter of fact *all the celebrated cases of apparent death and marvelous resurrection* arise from hysteric lethargy.

The symptomatology is, with some very slight variations, that of the sleep of hypnotic lethargy with which we are

familiar: movements, excitability, sensations are abolished; if the condition is prolonged it is truly, *to all appearances, the state of a cadaver.* Sometimes the special senses, and hearing in particular, are not extinguished, and the unfortunate lethargic may lie motionless, powerless, and incapable of reacting in the midst of all that is going on about her, and may, in this state, hear the preparations for her funeral if she is too long in waking. This has happened, and Pfender (Paris, 1833) has reported a striking case of it.

There is no doubt at all that a woman who has fallen into a state of lethargy may be an easy prey for a violator, and, in fact, there exist several examples of rape consummated during this state, though they are rare (but the state itself is common). Fodéré has reported the following case from Louis; to be sure it leaves several things to be desired:—

"A young monk was traveling and stopped for the night at a house in which they had just prepared for burial a young girl whom they believed dead; so he offered to pass the night in the room where the bier was and watch the dead. Having uncovered her during the night to look at her, and finding that there were still traces of beauty in her face, which excited his passion, he decided to gratify it, although the object was in a state not tending to excite such desires. He satisfied himself, nevertheless, and left early in the morning. The dead girl, however, revived the next day, and at the end of nine months she had a child, to the great astonishment of her relatives and herself. The monk passed through the same place at this time, and, claiming to be surprised at finding her alive, whom he had believed dead, he acknowledged himself the father of the child, and married its mother after having had himself released from his vows, which he proved that he had taken only through compulsion."

The following case is more modern and is offered with more serious proofs; it was reported by Dr. Mabille in 1884.[6] First, let us take the description of the assault: "On the 8th of last April a servant girl, named Madeleine, having obtained permission from her mistress to go to a ball, met a man there

[6] *Annales médico-psychologiques.*

named C——, who danced with her twice and proposed that, when she was ready to leave, she should accompany him. She refused, but C——, who had noticed like many others, that the girl was simple minded, followed her, accompanied by another man, M——, at the close of the ball, and tried to lead her into a side road. But she remained on the highway and continued her way between C—— and M——, each of whom held one of her arms, and indulged in gross pleasantries. One of their comrades, G——, came up, and without any explanation pushed the first two men aside and overturned the girl at the side of the road; then a scene of the most odious debauchery took place, in which another man, B——, took part, in addition to the three defendants mentioned above, and there were several other individuals as witnesses who did not dare to interfere.

"The victim," adds Dr. Mabille, "was a girl of twenty-two years, but lacking in intelligence, and besides subject to frequent fits, during which she lost *consciousness and remained completely inert, a state that made it easy for the defendants to accomplish their acts of revolting immorality.* Not content with satisfying their shameful passion on the girl, Madeleine, they indulged in such acts as pulling out her pubic hairs, introducing the penis into her mouth, etc. The scene lasted for *almost two hours.* When questioned by the magistrates the girl, Madeleine, at the first inquiry, *fell suddenly asleep and remained so for six hours.* On different occasions, either in the court or at the hospital of La Rochelle, she exhibited the same symptoms.

"Our confrères, Drs. Brad and Drouineau, commissioned at once by the investigating magistrate of the court of La Rochelle, asked that the girl be submitted to a prolonged examination in the hospital of Lafond, in a place apart from the insane patients properly so-called." The victim then came under the observation of Dr. Mabille, who soon recognized in her all the stigmata of hysteria, and was able to observe and describe in her *characteristic attacks of sleep.*

The part of the report that deals with this subject follows: "All at once Madeleine becomes pale; she carries her hand to her throat, she suffocates, she feels ill at ease; she has time

to sit down or even to announce that she feels ill. Then she loses, or seems to lose, consciousness; she sleeps. No cries at the moment of the attack, no convulsions, either tonic or clonic; no biting of the tongue, no foaming at the mouth. Her extremities are in a state of almost complete relaxation. The pulse is slow and regular, the respiration is slower than normal. Her eyelids move with an incessant fluttering movement; the eyeballs are turned convulsively from below upward and inward. The pupils are dilated. At this moment it is possible to prick or burn the patient without her feeling anything. The pupils, however, do not lose their power of contracting. The special sense organs, such as smell and taste, do not seem to be affected by even the most lively stimuli; she does not appear to be conscious in any way of the phenomena of the outer world. It is possible to produce only slightly, or not at all during this state, the phenomena known under the name of neuromuscular hyperexcitability. This state of sleep lasts for a greater or less length of time. Thus, in Madeleine's case it might last for nine hours. In our presence it has lasted only fifteen or twenty minutes. On awaking Madeleine is stupefied; she says that she is not conscious of what has taken place during the period of sleep, and it takes a certain time for her to regain the use of her faculties. We have witnessed several crises and the symptoms that we have observed always occur in the same order."

Madeleine had been subject to these attacks of sleep for ten years, and she did not cease to have them at the asylum, and she also had them when she came to make her deposition at the court of assizes. This is a typical case, and will serve to fix the mind on rape in a subject in a state of hysteric or spontaneous lethargy.

Noctambulism.

This is the phenomenon popularly known under the name of *natural somnambulism,* sometimes scientifically under the name of *physiological somnambulism;* it consists briefly of this: an individual gets up at night and performs, *while asleep,* various acts of which he has no recollection on awaking.

Recent studies[7] have shown that what was formerly known as natural or physiological somnambulism, cannot constitute a single morbid entity; it contains different *varieties*. Here we see epileptics in a state of *ambulatory comitial automatism*, according to the expressive term of Hack Tuke; here we see hysterics undergoing an attack of *nocturnal hysteric somnambulism;* and, in fact, between the hallucination caused by the hysterical somnambulist and the active dream of the noctambulist, we find no symptomatic differences at all, . . . etc. Noctambulists consist especially of children and young women.

Without venturing further into an etiological field that is still unsafe, we will confine ourselves to calling attention to the fact that the female noctambulist seems to offer an easy prey to assault, for she is really in a state of anesthesia and a stranger to the external world while she follows the dream of which she will retain *no recollection* on awaking. And, in fact, if rapes on noctambulists are not common, there is at least one case; it is as follows:—

A spontaneous somnambulist, Maria C——, is the subject of it. "A female servant of depraved character having noticed that this young woman was ignorant on awaking of what had passed during these attacks, secretly introduced into the house a young man whom she knew, and thus secured for him an opportunity of treating Maria in the most brutal and perfidious manner. This disreputable pair put their project into execution by gagging her with bed-clothes; by this and other means they overcame the resistance that she offered, even in her state of somnambulism, to their villainy. When she awoke she had no knowledge of the outrage she had endured, but some days later, having fallen into a state of somnambulism, these events returned to her memory, and she related their odious details to her mother."[8]

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[7] See a lecture by Charcot and a memoir by G. Guinon in vol. ii of the *Clinique des maladies du système nerveux.*

[8] *Dyce,* cited by Azam and reproduced in Gilles de la Tourette.

VIGILAMBULISM OR MULTIPLE PERSONALITY.

We owe our knowledge of this very curious state especially to Dr. Azam, of Bordeaux.[9] Charcot took up the study of it again during the last years of his life with the assistance of his pupils, especially of Dr. Guinon. The definition of this state is very simple: one person becomes two [or more], and lives alternately two distinct existences, each of which may be ignorant of the other, and at least one of them is always ignorant of the other. One of these personalities is normal, the other pathological. The first is called the *primary state*, the other the *secondary state* or *attack of vigilambulism*. In the second state all the *automatic* acts of life continue and are performed as in a normal subject.

There is, for example, the case of Marie H——, one of Charcot's subjects, who, up to 1884, had lived in a normal state. In 1884 she fell into the *second* state, and remained in this condition for an extremely long period of time, with only a few brief returns to the primary or normal state. In this second state she was absolutely ignorant of everything that had taken place before 1884, even of her birth, her relatives, etc. . . . Illiterate up to 1884, she learned to read in the second state, and during her return to the primary state she forgot what she had learned of reading and writing in her secondary state, but regained the knowledge of her birth, her relatives, etc. In her case each of the two states, the primary and the secondary, is ignorant of the other. On the other hand we find, in the celebrated case of Félida X——, reported by Azam, of which we shall speak in a moment, that the second personality was acquainted with the first, but that the first was completely ignorant of the second.

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[9] An exhaustive study of a case of multiple personality was made here in the United States a few years ago by Dr. Morton Prince and published under the title of "The Dissociation of a Personality," 1906; Longmans, Green & Co., N. Y. See also "Multiple Personality," by Dr. Boris Sidis, D. Appleton & Co., N. Y. A case of multiple personality was reported by Dr. J. W. Stevens under the title, "Double Identity," in the Southern Medical Journal, Nashville, June, 1910. For a review of this article see Jour. A. M. A., vol. lv, No. 4, 1910, p. 348.—A. W. W.

The duration of the second state, or, in other words, of the attack of vigilambulism, is very variable. We find it lasting several hours or even less, but also days, months and years, and sometimes it predominates over the first state to such an extent that it is the latter that seems *abnormal.* The returns of the attacks appear to exhibit no regularity. Brief attacks may be scattered through the normal life with great frequency; they have been known to appear every day. Attacks of longer duration appear at irregular intervals, separated by the normal life; when the secondary state exceeds the primary, and that by a good deal, it is the latter that divides up the secondary life by attacks, *all of which are very short.* Finally, there is sometimes observed a very regular alternation between the two states: the primary state is *diurnal,* the secondary state is *nocturnal,* etc.

What is vigilambulism? Dr. Charcot says, in the second volume of the *Clinque des maladies du système nerveux,* p. 176: "From the nosographic point of view, my opinion is, that it consists of an attack of transformed hysteria. These states of vigilambulism seem to be entirely analogous to those delirious phases (*hysteric somnambulism*) of which I have shown examples, and the latter are incontestably modifications of the third period of an attack of typical hysteria. In any case we must in future take into account that these two manifestations, delirium and vigilambulism, so different in *appearance,* nevertheless have this as a trait in common, that they develop between two attacks of hysteria. The scene in the two cases is inaugurated by an attack and terminated by an attack."

Is not hysteric somnambulism itself really a *second state* in a hysteric who is subject to crises of this sort; during the continuation of an attack of somnambulism, is not the subject living a *second life* of which he will be ignorant on awaking, when he returns to his normal state,—or if you will, primary state,—and which he will recall and sometimes take up again in all its details during succeeding attacks?

Our reason for giving a brief history of vigilambulism is, that this singular state puts us face to face with a question of great importance. This question is the following: an individual indulges in sexual intercourse with a vigilambulist; he

knows her double personality, and in the *second state* he knows how to obtain the favors of the subject, favors that she refuses him in the *primary state*. Does it not seem that this is a case of true rape, analogous to the act committed on a lethargic or on a person in syncope, etc.? It is true such a question has never come before the courts, and doubtless never will; but it is curious to see that one of the best known cases of vigilambulism offers us exactly this circumstance of relations consummated by an acquaintance of the subject in the second state and clearly against the wishes of the *normal subject*.

It is the celebrated case of Azam, the story of Félida X——, which we regret not to be able to give entire, for it has the interest of a romance and is perfectly typical, but we cannot resist the desire to give at least the essential parts. It was at fourteen years of age that this double personality in Félida began, and Azam thus describes the first crises of the second state:—

" . . . Félida is seated with some sort of sewing on her knees; all at once, without her being able to foresee it in any way, and accompanied by a pain in her temples more violent than usual, her head falls onto her chest, her hands become quiet and fall inert beside her body; she sleeps or seems to sleep, but it is a special kind of sleep, for no noise, no stimulation, pinching or pricking can wake her; further, this sort of sleep is absolutely unexepected. It lasts two or three minutes; formerly it was much longer.

"After this period of time Félida wakes up, but she is no longer in the same intellectual state in which she was when she went to asleep. Everything appears different. She raises her head, opens her eyes, and greets newcomers with a smile; her face lights up and shines with gaiety; her speech is brief, and humming an air she continues the needlework that she began in the preceding state. She gets up; her step is quick and she scarcely complains of the thousand and one pains that made her suffer a few minutes before; she attends to the ordinary household cares, goes out, goes about in the town, makes visits, undertakes some work or other; her manner and her gaiety are those of a healthy young girl of her own age. *Her character is completely changed;* from sad she has become gay,

and her vivacity is almost boisterous; her imagination is more lively; the slightest cause excites her to sadness or to joy; from being indifferent to everything, as she was, she has become susceptible to an excess. In this state she recalls perfectly everything that has taken place during the other similar states that have preceded, and *also during her normal life.* I will add that she has always maintained that the state, whichever it is, in which she is at the moment or in which she is spoken to, is the normal state, which she calls *her reason,* in opposition to the other state, which she calls *her crisis.*

"In this life, as in the other, her intellectual and moral faculties, although different, are incontestably complete; there is no suggestion of delirium, no false judgments, no hallucination; I will even say that in this second state, in this *secondary condition,* all her faculties appear more developed and more complete. This second life, in which physical pain is no longer felt, is far superior to the other; it is especially so by the important fact that we have already indicated, that while it lasts Félida remembers not only what has occurred during preceding attacks, but also all about her normal life, while, as I shall point out later, during her normal life she has no recollection of what has transpired during these attacks. After a time, which, in 1858, lasted three or four hours almost every day, Félida's gaiety suddenly disappears, her head sinks onto her chest, and she falls again into the state of torpor that we have described.

"Three or four minutes pass, she opens her eyes and re-enters upon her ordinary existence. The transition is scarcely perceived, for she continues her work assiduously, almost furiously; most often it is a piece of sewing begun in the preceding period. She does not recognize it and she has to make a mental effort to understand it. Nevertheless she continues it as best she can, groaning over her unfortunate situation; her family, who are accustomed to this state, assist her in locating herself. A few minutes before she was singing some song; if anyone asks her to repeat it she is absolutely ignorant of what is meant; if a visit that she has just received is spoken of, she replies that she has seen nobody.

"I believe that I ought to define the limits of this amnesia.

Her forgetfulness only concerns what has taken place during the *secondary condition;* no general idea acquired previously is affected; she knows perfectly how to read, write, reckon, cut, sew, etc., and a thousand other things that she knew before she was sick or that she learned in preceding periods of her normal state. . . .

"If I could have had any doubts concerning the complete separation of these two existences, they would have been dispelled by what I am about to relate. A young man of from eighteen to twenty years of age knew Félida since her childhood and used to come to the house. These young people were very fond of each other and were engaged to be married. *One day Félida was more gloomy than usual and told me, with tears in her eyes, that her illness was becoming worse; that her abdomen was increasing in size, and that every morning she had nausea; in a word, she gave me the most complete picture of a beginning pregnancy. From the disturbed faces of those about her I had suspicions that were very soon to be settled. In fact, during an attack that soon followed, Félida said to me before these same people: 'I remember perfectly what I just said to you; you must easily have understood me; I admit it without circumlocution . . . I believe I am pregnant.'*

"In this second life this pregnancy did not trouble her at all and she accepted her position gaily enough. *Having become pregnant during her secondary condition, she was, consequently, ignorant of it during her normal state, and only knew it during other similar states; but this ignorance could not last.* A female neighbor, before whom she had explained herself very clearly and who, more skeptical than was necessary, believed that Félida was acting a part, brutally recalled to her after the attack what she had confided to her. This discovery made such a strong impression on the young girl that she had very violent hysterical convulsions, and I had to give her my professional services for two or three hours. The child conceived during the attack is now sixteen years old, and is a hysteric like her mother.

"In the end the state of Félida X—— became profoundly modified. The period of the secondary state, which at first occupied only about a tenth of her existence, increased in

length little by little, became equal to the normal life, surpassed it even, so well that at one period of the subject's existence, the secondary state was interrupted only every two or three months by an attack of the primary state lasting scarcely three or four hours. *The secondary state had become the normal state.*"

The following is a case of sexual intercourse accomplished on a subject in the secondary state by an acquaintance of the patient, who was familiar with her pathological state since he was her *physician;* this is, we must admit, truly a case of *abuse,* and it had, as we shall see, very sad consequences. The case was published by Bellenger in 1854, under the expressive title of: *History of a Somnambulist Endowed with a Double Existence, Both Intellectual and Moral.* Although there may be question of magnetism, and while we may also think of *hysteric somnambulism,* Dr. Gilles de la Tourette places it among cases of vigilambulism, and it seems to me that its place is, in fact, really here. The *summary* of the case is as follows:—

"Mr. and Mrs. de L—— belonged to a wealthy family of central France, and in the year 18—— came to spend a season at Paris. They were accompanied by their only daughter, aged twenty-one years, endowed with remarkable beauty and grace. The latter was not positively in bad health, but she was eminently nervous. Her mind was highly cultivated; she was very intelligent, a very good musician and had an excellent character, gentle and affectionate. As the result of a violent scene of which she was a witness, and from which she experienced a very vivid emotional shock, Miss de L—— had her first *attack of nerves.* This was soon succeeded by a great many others, all characteristic of the best confirmed hysteria. All treatments, though most regularly followed, failed before the severity and the tenacity of this ill.

"A young physician, Dr. X——, who had several times obtained excellent results with magnetism, proposed to try this method of treatment on Miss de L——. He magnetized her every day in the presence of her mother; at first no change occurred in the condition of the patient. However, after some

months, the attacks became rarer, lost their intensity and finally disappeared completely.

"Miss de L—— married and became Mrs. de B——. The marriage was not happy, and the *nervous attacks* recurred progressively as severe as formerly. Mrs. de B—— returned to Paris and found herself once more in the presence of Dr. X——, whom she *had loved* from their first meeting, and whom she *had always continued to love.* Dr. X—— recommenced the magnetism without great success at first, but one fine day an attack ended in a *state of somnambulism;* with closed eyes she could converse with Dr. X—— during a quarter of an hour. From that day forth each attack *turned into somnambulism.*

"During the attack Mrs. de B—— was calm, talked quietly and kept up the conversation and the discussion on all sorts of subjects with perfect ease; she told anecdotes, laughed and joked, and if you had not noticed that she *always had her eyes closed involuntarily,* you would have thought that she was in her normal condition. Her character was slightly modified; she was still more impressionable, excitable even, and could withstand contradiction with difficulty, even if it were only a simple observation; this was so much the more noticeable, since in ordinary life she had the sweetness of an angel; she herself said that a simple contradiction could do her much harm, and that she could not endure it. She was conscious of everything about her *without ever opening her eyes,* distinguishing very well all objects, even the smallest. Further, she had caprices and desires that were almost irresistible; at times she wished to make music, and going to the piano she would play from memory some pieces of which she was fond; her playing was regular and correct, but less firm and less brilliant than in ordinary life. At other times the fancy seized her to dress, to make a grand toilet, as if for a ball; then she would look for her clothes, her ornaments and jewels; she would open the drawers and go without the slightest hesitation and take each object from the place where it had been put, without ever making a mistake. It must not be forgotten that she did all this with her eyes closed. She dressed, danced with Dr. X——, who succeeded rather badly in the darkness, then she

undressed and carefully replaced each article in the place where she had found it; then the doctor waked her.

"When her attacks occurred during the daytime, she was often surprised at having slept so long, saying that she had never acquired the habit of sleeping during the day; she always remembered very well the beginning of the *nervous attack*, and all the circumstances that marked the passage from the normal life to the somnambulistic life; but she thought that she went to sleep naturally. Like all somnambulists, *she never had any recollection of what she had done, said, heard or thought during her somnambulistic life.* She sometimes asked Dr. X——, who had just passed several hours with her, whether he had been there long. The doctor ordinarily replied that since the time when she had fallen asleep he had gone out two or three times and had just come back.

"It was during one of these periods of somnambulism that she confessed to the doctor all the love that she felt for him. The latter pretended that he did not believe this confession. The next day and the following days there were new crises and new periods of somnambulism, and Dr. X—— became and remained the lover of Mrs. de B——, solely, of course, during the somnambulistic state.

"The husband soon went away for a prolonged absence; five or six months after Mr. de B——'s departure for London, signs of pregnancy became manifest in his wife. But as it was more than a year since Mr. de B——, respecting the state of suffering of his wife, had entirely suspended the exercise of his marital rights, it was mathematically impossible that he should have contributed any part whatever to the creation of the new being whose coming was announced. On the other hand, Mrs. de B——, being absolutely sure of never having had illicit intercourse with anyone, attached no significance to the appearances being produced. She was very certain that she was not pregnant; on this point she felt the most complete security. She supposed that she was attacked with an unusual malady of which there were examples in her family. It was, of course, only in her normal state that she saw things in this light, for during somnambulism she knew very well what it meant and did not disturb herself much with her situation. But Dr.

X—— was greatly embarrassed, the more so since during her ordinary life she asked him every day for remedies to stop her strange malady that increased daily. Soon Mrs. de B—— was herself no longer in doubt. The unfortunate woman was in a state of excessive disquietude; her head became confused, she was completely at a loss. Had some one taken her by surprise when she was asleep? But that was impossible. Who could be the guilty person? Her ideas became confused; she fell into a sort of aberration; she believed in spirits, in demons; she said that some one had thrown a spell over her; that the devil came to visit her during the night; she herself had watched and guarded," . . . etc.

Mrs. de B—— was unable to endure this frightful situation; her mental faculties became deranged, and she had to be taken into an asylum.

Rape on Imbeciles and Idiots.

We cannot do better than to quote the words of Tardieu on this subject. "In some circumstances," says this celebrated medicolegal specialist, "the lack of *will* or of resistance on the part of the woman is the result of *weakness of intellect,* and we see cases only too commonly of poor idiots who become the victims of the brutality of men who meet them, of men even who ought to protect them. In such cases it becomes the duty of the expert to investigate and determine their mental condition, and this investigation offers a double interest: in the first place it may have an evident moral influence on the situation of the accused by establishing that the victim was incapable of resisting in consequence of absolute lack of will power; and, further, it may serve to control the declarations of some of these poor women who, despite their imbecility, can, nevertheless, relate and make understood the scenes of violence whose vivid impression has remained present in their weak minds, and which their memory succeeds in reproducing.

"Not long ago I had to examine at the Salpêtrière Hospital a young imbecile girl of about sixteen years, who had been the victim of an attendant who had left her in a condition of excessive terror, and she was perfectly able to indicate the

author of it. She did not recover her calm until far from her paternal home and in the shelter of the asylum where she was placed. The precise declarations, although restricted, of this poor child, and the circumstances that had accompanied them, could leave no doubt as to the very exact knowledge that she had of these facts and as to the sincerity of her story."

We have now ended our study of rape in its essential parts. There remains the subject of *feigned rape;* we shall take up, however, in a single chapter the various *false offenses against decency*. We might have said a few words concerning the *physical and mental examination of the accused*, but that will be found in a later chapter. We shall take up in the next chapter the history of *indecent assaults*.

CHAPTER VIII.

INDECENT ASSAULTS.

An indecent assault in a medicolegal sense consists in criminal manipulations of the genital organs.

Indecent assaults on the male subject; they are not frequent.

Indecent assaults on the female subject; they are much more frequent and the victims are ordinarily little girls.

Methods of performing these assaults; friction of the genital organs with the penis, perineal coitus, manipulations with the finger or with foreign bodies.

Acute and chronic assaults.

Signs of an acute assault.—Assault with negative signs.—The convicting symptoms of assault are genital and extragenital traumata, vulvo-vaginitis, the transmission of venereal diseases, and the presence of sperm on the sexual organs or the clothing of the victim.

Genital traumata: rupture of the hymen produced by cutting with the finger nail or by the forcible introduction of the finger into the vagina.

Vulvo-vaginitis; in little girls it is a common symptom of rape and of indecent assault.—Vulvo-vaginitis is characterized by redness and pain, swelling, purulent discharges, ecchymoses and ulcerations.

By *indecent assault* we mean every act performed on a person that is an offense against decency. As we noted in Chapter I, the medicolegal field of indecent assaults is much more restricted than the judicial field; there are only two acts that fall within our province:—

1. *Manipulations by force* (and even without force in the case of children) *of the genital organs;*

2. *Acts of anal coitus* (pederasty) *not consented to*[1] on subjects of either sex.

Putting pederasty aside for the moment, let us study the assaults that consist of *manipulations of the genital organs of*

[1] It has already been pointed out in the Appendix to Chapter I that the English and American laws differ from the French in the case of anal coitus. With us the act is criminal whether consented to or not. —A. W. W.

another, and to avoid confusion, let it be understood that in future this is the particular act to which we refer under the term indecent assault. The assault may be made on male or on female subjects.

Indecent Assaults on Male Subjects.

As a rule, the subject of the assault is a *small boy,* and the author of it is a *woman.* Cases of this sort are much commoner than you would think *à priori.* French criminal statistics show annually from four to eighteen women accused of this crime, and the majority of them are servants. The age of the victims varies from five to thirteen years; that of the criminals from eighteen to thirty.

Tardieu, in his book on assaults, has collected 10 cases of this sort, some personal (4), some taken from other authors (Devergie, 1; Casper, 2; the *Annales d'hygiène,* 3), and all medicolegal writers have cited some. There are 4 in the little book by Legludic; there are some in the thesis of Bernard taken from the practice of his teachers, Lacassagne and Coutagne, etc.[2]

The method of procedure is one of the following:—

(*a*) *Simple manipulations* of the penis of the child;

(*b*) More often, however, excitation until an erection is produced,—if this is possible,—and the introduction of the child's penis, guided by the woman's hand, into her genital organs; this is a *true reversed rape.*

The following cases will serve as examples: In 1842 the court of assizes of the Seine condemned a girl to hard labor who was accused of *rape* on two children of eleven and thirteen years. She enticed the young boys into the fields, and after having excited them by manipulations, she placed herself on top of them until satisfied (*Annales d'hygiène et de médecine légale,* 1847).

Dr. Bernard cites the following case: In 1883 a girl, C——, was condemned to four years' imprisonment for a *criminal*

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[2] More recently several cases have been published in Professor Brouardel's little book, Les Attentats aux Mœurs, pp. 216 *et seq.,* Paris, 1909.—A. W. W.

assault on a child of eleven years. She enticed the child to her room, made him kiss her genital organs, then put him on top of herself and made him, with her assistance, effect an intromission of the penis into her sexual organs. She communicated gonorrhea to the poor child.

It should be remembered that France is far from being the only country where such sad acts occur. Even if Taylor discloses none (a fact that implies in no way that they do not occur in the United Kingdom[3]), Casper cites the case of a governess, of a *modest and chaste* appearance, who often used to take a little boy of six years into her bed; she used to press him against her breast and genital organs and communicated gonorrhea to him. And by the same author we find the case of a mother who abused her own son, aged nine. The majority of the unfortunates who indulge in such acts are *nymphomaniacs,* as we shall note later.

It is the rule, as we have said, that the subject of an indecent assault committed by women or girls on male individuals is a child, and that is easily understood. But there is a case where the victim was an adult. Tourdes reports (from Schneider) that several women seized a young man, forcibly held him and excited his penis; then one of them got on top of him and effected coitus. Such cases are rare.

When it comes to formulating the signs of such assaults we are in difficulty; they leave none behind them; no trace whatever, barring accidents. The accidents consist in the transmission of gonorrhea, chancroids or syphilis, and from the accident we may *sometimes* trace the criminal. But aside from this contingent transmission there is no trace.

Tardieu says, to be sure, that when a young boy is the object of repeated attacks, there develops a state of general lassitude and the penis takes on an abnormal development. But what is there pathognomonic or even serious in these signs? General lassitude may very well have other causes in children, and as for the development of the penis, undeniable

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[3] A case is described by Havelock Ellis in his Studies on the Psychology of Sex, vol. iii, 1903, p. 225. The boy was 9 years of age and the girl, a servant, 16.—A. W. W.

in certain cases, the child himself may very well be the responsible person if he is addicted to masturbation.

Indecent Assaults on Female Subjects.

This is the true medicolegal field of indecent assaults, and this alone will concern us henceforth. We have already noted in the first chapter the necessary facts as to the *age* of the *victims* and of the *criminals,* and as to the relative and absolute frequency of these crimes; but these facts were general and applied to criminal assaults as a whole. It is desirable, then, to state here anew certain particular points.

Above all, the victims are, as is well known, little girls; but here the lower limit of age goes much below that which we have established for rape. Bernard's thesis contains a case of assault on a child of *twelve months,* a case from the practice of Coutagne, and in Hofmann there is a quotation from Schaunenstein of an assault committed on a child of eight months.

Assaults committed on subjects still young but already out of childhood become singularly infrequent, so that the *true type of indecent assault is the assault on little girls.* As for assaults committed on old women, they need scarcely be taken into account. There are exceptions, however, and at the proper time we will give a case in which a poor old woman of some sixty years was the victim of an indecent assault under particularly horrible circumstances.

Here the criminals belong to the *male sex* in the immense majority of cases, but there are, nevertheless *women* who have been guilty of these acts. Tardieu has given four examples. Here is the one that was the subject of his Observation III: A woman still young had deflowered her little girl, twelve years of age, at the time of the inquiry, by introducing her fingers very deeply into the sexual organs and the anus several times every day during several years. The child related that it was not uncommon for her mother to wake her up in the middle of the night and indulge on her in these ungovernable acts, which lasted for a whole hour. Such an aberration is evidence of *nymphomania,* which we shall take up later.

Casper in his turn has related the case of a mother of a

child of ten years, who was accused of having brutally introduced into the genital organs of her daughter, first one finger, then two, then four, and finally an oval stone, with the object of adapting her organs to coitus.

The *method of executing indecent assaults* on female subjects,—which are, of course, little girls,—is somewhat varied and deserves some study:—

1. When the assault is committed by a male individual, the criminal maneuvers are often effected by means of the penis. It is, of course, thoroughly understood that *intromission is absolutely excluded* from these maneuvers; otherwise the crime would change its name and constitute *rape*.[4]

The non-intromission is sometimes voluntary; the criminal stops at the opening of the vagina and does so purposely. In other cases, and without doubt, more frequently there is no intromission because intromission is absolutely impossible. Recall the points developed in the chapter on rape. Children below a certain age cannot be raped, and the lower limit is, in exceptional cases, six years, more ordinarily ten or twelve. The penis stops before the narrow bony plane that bars the way. The penis that does not penetrate indulges in various kinds of friction on the genital organs of the child.

But there is a very special kind of indecent assault by means of the penis, which Lacassagne has called *perineal or external coitus*, and to which he and his pupils have drawn attention.

The act has long been known; Tardieu (Observation VII) gives an excellent description of it: " . . . On several occasions he had put the child on a chair, raised her dress, spread her legs far apart, and putting himself in front of her, had renewed his manipulations, and had further introduced something besides his finger between her legs. Young E. B. adds that once she felt her legs wet."

Observation VIII of the same author is no less conclusive: "It was three years before that the man, B——, had enticed little Elizabeth into his bed for the first time. At these different meetings he had not only put his hands on the private

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[4] The reader will recall that in America the law usually makes no such distinction. See Appendix to Chapter I.—A. W. W.

parts of the child, but further, on several occasions, he had placed his virile member between her thighs, *sometimes in front, sometimes behind, placing her either on her back or on her belly and stretching himself out over her.* More than once the child had felt herself wet by a fluid on the belly and on the thighs."

In all these assaults the act of external coitus is clearly established, whether the name is or not. Here, for example, is the way in which Bernard, a pupil of Lacassagne, describes perineal or external coitus, which his teacher claims "violators" almost always adopt with a truly curious uniformity:—

"Perineal coitus," says this author, "may be either *anterior* or *posterior,* according as the victim faces the violator or turns her back to him. In the first case either the criminal lies on the child, introduces his penis parallel to the perineum and rubs it back and forth against the sexual organs of the child, or else the child is placed on the edge of a bed or a table or chair, and the violator, *erect or on his knees, introduces his penis at the posterior part of the thighs, which are raised up and sometimes crossed, forming a closed space with the perineum.* In this second mode of anterior coitus the penis is introduced at the posterior part of the thighs from behind forward and perpendicular to the perineum, the glans being directed toward the inferior portion of the abdomen of the child.

"Finally, in *posterior perineal coitus,* the child turning her back to the violator is placed on his knees or taken on top of him in bed, and he introduces his penis at the upper part of the thighs, rubbing them and the perineum by movements that he gives to the body of the child; this is coitus *more ferarum.*"

2. The *finger* often plays an active rôle in indecent assaults, whether the criminal be a man or a woman. It practises masturbation and external friction, and sometimes indulges in penetration beyond the hymen, an act that may produce tears in that membrane, as we shall note later. Sometimes the purpose of introducing the finger is to *dilate* the internal genital organs, but this is more often brought about by foreign objects.

3. *Foreign bodies,* in fact, when they come into play in indecent assaults, are used as dilators of the vagina. In

oriental countries where girls marry young, before maturity, in order to adapt the genital passages to the intromission of the virile member, the index finger is often used as a dilator, and then some objects successively more and more voluminous.

Chevers says that in the Indies, in order to prepare the genital passages of children for their rôle in the premature marriages that are customary there, they introduce into the vagina of the subject the root of a plant called *sila,* which swells by imbibition, as do the stems of *Laminaria,* and then they make the child sit in water. We have already noted the method employed by the woman of whom Casper speaks, to dilate the genital passages of her daughter by means of foreign bodies.

Finally, to conclude with the method of executing indecent assaults, let us note that we have to do in some cases with an *acute assault,* that is to say, with an assault that has been committed only *once* or a *small number of times,* with more or less force, and in other cases with a *chronic* or *habitual assault,* that is to say, with an assault to which the child has been subjected for a long time. This classification is absolutely demanded and justified by the symptomatology.

It is time, in fact, to consider the *signs* and the *diagnosis* of indecent assaults committed on female subjects, and in this study we will pass in review successively the *acute assault* and the *chronic assault.*

First, a word concerning the *chronic assault.* Tardieu has said: "The more or less frequent repetition of the same acts produces a slow and gradual alteration in form of the parts and leaves a condition that is *absolutely characteristic.*" These alterations in form, which are observed exclusively in young subjects, are as follows: First, *premature development of the sexual organs* and *excessive precocity,* which often contrasts singularly with the age, form and general constitution of little girls; and, second, an *infundibulum* more or less broad, more or less deep, formed at the expense of the vulvar canal, whose deep end is limited by the hymen, now thinned and retracted, but not ruptured. This infundibulum results from the gradual pushing back of the parts by repeated attempts at intromission, and allows the extremity of the penis to penetrate, without,

however, allowing it to pass the hymen and enter the vaginal canal. Tardieu compares this vaginal infundibulum of victims of chronic assaults to the anal infundibulum of inveterate pederasts, which we shall study later.

But it should be noted that Tardieu's description has not been accepted by the majority of medicolegal experts, and it has seemed to most of them that the vaginal infundibulum is no more characteristic of the chronic indecent assault than is the anal infundibulum significant of habitual passive pederasty. We now come to

Acute Assaults.

Signs of Acute Assault.—Note, first of all, that there are assaults that leave no trace, and such cases are far from being rare. We do not here include those cases where signs have existed, but have disappeared by the time the expert makes his examination, when the latter has been too long delayed; such would not be an assault with negative signs. But it is absolutely certain that in some cases the examination, though made immediately, reveals no sign. In such cases we have to do, of course, with a *mild* assault, accomplished, so to speak, without force.

Putting this category of cases aside, indecent assaults are revealed by a collection of signs that may be enumerated as follows:—

A. *Genital and extragenital traumata.*

B. *Vulvovaginitis.*

C. *Transmission to the victim of venereal disease.*

D. *Presence of sperm on the sexual organs or the garments of the victim.*

A. Genital and Extragenital Traumata.

Here we meet with *rupture of the hymen;* but this rupture has certainly neither the *frequency* nor, as a general rule, the *extent* or *importance* that it has in rape. Rupture of the hymen is produced by *two different methods,* each acting in a special way: by the *finger-nail,* and by the *forcible introduction of the finger.*

The *finger-nail* makes a *cut,* generally an *incomplete* rupture of the hymen, often *single;* the disturbances produced by rape are generally more serious. The *forcible introduction of the finger* may produce merely the same slight disturbance, but often it produces much more serious lesions, such as the partial *tearing away* of the hymen. The following examples will serve to fix in mind the various tears of the hymen. We have already cited Professor Brouardel's case of the young man who made a tear with his finger, 3 millimeters long, in the hymen of a child of three years. Here are other cases of the same sort, passing *from the mildest to the most serious.*

Coutagne (see Bernard's thesis) has reported two cases in which he clearly established on the hymen *cuts from the finger-nail.* In one case the hymen of a little girl of seven years showed an *erosion* from which blood oozed; in the other case the edge of the hymen of a girl of ten years bore a *linear* cut with red edges, half a centimeter long.

Donders (see Hofmann) saw a tear of the hymen in a little girl of four years who was the victim of criminal manipulations; he found, further, *a piece of the child's skirt in the vagina.* This could not have been caused by the penis, but is more naturally explained by the *forcible introduction of the finger* into the genital organs over the clothing. Finally, there is the case that we have already cited, where the *hymen was partially torn away* by the brutal penetration of the finger into the genital organs of a child.

With the exception of the tearing of the hymen,—a rupture which is accidental and purely a contingent affair, indecent assaults never produce genital or extragenital traumata, putting aside vulvitis, which we shall consider soon. The reason is that a little girl never resists, and matters are never carried as far as in rape, which is the common cause of serious lesions. It is perfectly obvious that friction of the genital organs, either with the finger or the penis, or even perineal coitus itself, will not produce great lesions; a simple *local irritation,* manifest as a *vulvitis,* is ordinarily the sole result.

Here, however, is a case of unusual gravity forming an exception to the rule. It is Dr. Pénard's case, to which we

have referred several times, and it exhibits two principal features:—

(*a*) Frightful lesions found on the genital organs;

(*b*) Clear demonstration of *sadism,* which such brutality would suggest.

The following summary of the case is taken from Tardieu (Observation LI): "On October 13, 1856, a woman, L. B.——, aged sixty years, died at Feucherolles, at 1 o'clock in the morning; she was the victim of horrible outrages that had been committed on her the evening before. In the place where the crime was perpetrated Pénard found a *fragment of large intestine,* 5 centimeters long. There were multiple ecchymoses on the body resulting from the violent pressure produced by the fingers of the criminal; the biceps had been crushed and reduced to a pulp over a part of its extent. The lower portion of the abdomen and the thighs were bathed with blood."

The genital lesions were reported as follows by the expert: "The vulvar apparatus is bathed with blood. On separating the labia majora there is seen hanging from between them a piece of intestine about 3 or 4 centimeters long projecting from the orifice, or, at least, from what was the orifice of the vagina. The inferior angle of the vaginal orifice is deeply torn to the extent of nearly 3 centimeters, and the tear, passing to the right of the anal orifice, goes down beyond it so that there is a bridge of intact tissue separating the anus from the vaginal wound. The abdomen is tense, resistant and distended.

"On cautiously opening the abdomen, I note first a considerable extravasation of blood; the intestinal mass is distended and red. At the left, in the region of the rectum, I find a sort of dark, pulpy mass, a bloody magma, and in the midst of this detritus of cellular tissue gorged with blood I notice an end of intestine floating in the abdominal cavity; I am able to demonstrate that it is the lower portion of the sigmoid flexure of the colon, which, farther down, should become the rectum; on top of the mass that constitutes the bladder and the uterus, is seen an intestinal loop lying transversely, which is ruptured in the middle so as to exhibit the gaping openings of the two ends. The two ends, though separated from each other, do not float free in the abdominal cavity, since they are

held in place by the mesentery. The bladder and uterus are very small and exhibit no lesion. On passing the finger along the vaginal orifice we soon come in contact with that portion of the intestine of which we spoke above, and which projects beyond it; on pressing this portion of intestine down it enters the deep tear that passes below the anal orifice. By exercising gentle traction on this intestinal end we see that it is the continuation of the upper part of the rectum itself, for this traction causes some fecal matter to emerge from the anus. On replacing within the abdomen this piece of intestine that hangs between the labia majora, we find that it would form the continuation of the piece that floats in the left side of the abdominal cavity,—the piece of which we spoke a moment ago,—if it were not for the fact that it is not long enough. On adding the piece of intestine that we found at the place where the crime occurred, we find the whole canal complete. The ends of all of these different portions of intestine, not only that floating in the abdomen, but also that hanging between the labia majora as well as the piece found outside, are ragged and stretched like membranes violently crushed and torn and not clean cut."

Dr. Pénard concludes that it was with the hand alone that the criminal could have produced such frightful lesions; his fingers, he says, impelled by a sort of frenzy, must have penetrated with full force into the vagina, producing the deep tear of which we have spoken, and rupturing the vaginorectal septum; then the hand would have passed completely into the abdomen, etc.

B. Vulvovaginitis.

Every trauma of the vulvar region, whatever the body that has caused it, may give rise to a *vulvitis,* or, rather, a *vulvovaginitis.* It is clear, then, that a vulvovaginitis,—or briefly, a vulvitis,— may constitute a part of the train of symptoms of an indecent assault, which, under its various methods of execution, is a trauma of the vulvar region. It is clear also that this same vulvitis, and for the same reasons, is an *integral part* of the signs of rape. We have to make a study, then, of a symptom common to indecent assault and rape, with certain restrictions to be noted below.

The first *rule* to be borne in mind is, that in indecent assaults *the younger the child the more easily is the vulvitis produced.* Victims of indecent assault over eleven years of age rarely exhibit a vulvitis; this is because in them the vulvovaginal mucosa no longer has the exquisite sensitiveness that it possesses in younger children. Vulvitis is also more frequent in indecent assault than in rape, for the latter generally occurs in older subjects. The sum total of the signs that characterize vulvitis consecutive to indecent assault and rape is made up as follows:—

Redness.
Pain.
Swelling.
Purulent discharge.
Ecchymoses and ulcerations.

In severe forms of vulvitis these signs are all *combined* and present to a *maximum* degree; the milder the affection the more they tend to become *slight* and *dissociated.* A vulvitis of *maximum* intensity exhibits the five symptoms enumerated above, and in addition an *inguinal adenitis* and a *bartholinitis* (inflammation of the vulvovaginal gland); a vulvitis of minimum intensity may have only a single symptom,—*redness.* Let us now analyze each of these symptoms and then take up the course of the affection.

1. *Redness.*—Variable in its color and extent according to the intensity of the inflammation, it merely merits being mentioned. The following point from the thesis of Dr. Bernard may be noted: The redness caused by perineal coitus, he says, does not occur everywhere; it is found more especially at the inferior part of the vulva. He adds: "It is evident that if, on the genital organs of a young girl who has been the victim of an indecent assault, there exists a limited, circumscribed redness, that disappears at the end of a few days, the very evolution of this redness allows us to conclude that it was the result of the act charged." This is going a little too far, perhaps, and giving to a commonplace symptom a value to which it is not entitled.

2. *Pain.*—This is the symptom that gives to others a hint of the presence of a vulvitis. The pain takes the form of a

burning sensation, aggravated by walking, by rubbing against the chemise and drawers, by the urine, or it may take the form of a *pruritus* and lead the child to scratch herself. The pain induces in the child a special gait with legs separated. Naturally the more pronounced the vulvitis, the more intense the pain.

3. *Swelling.*—This, too, varies with the intensity of the inflammation; it especially attacks and alters the form of the labia, both the large and the small.

4. *Purulent Discharge.* — This is the capital symptom. White and serous at the beginning, it becomes, in proportion as the affection develops, yellowish, greenish, pistachio green, and necessarily purulent and creamy. On declining it passes through the same phases: yellow, then white and serous. The quantity varies according to the intensity of the vulvovaginitis; in severe cases it bathes the entire vulvovaginal region. It stiffens and spots the linen with green, and at times gives off a fetid odor.

5. *Ecchymoses and Ulcerations.* — Tardieu rejects ecchymoses from the list of symptoms,—some authors admit them. As for ulcerations,—they are generally, but not always, superficial and slight, and rather deserve the name of *excoriations* or *erosions* than of ulcerations.

We have now reviewed the symptoms of the vulvovaginitis of assaults; next, a word concerning the *course* of the affection. It manifests itself generally a short time after the assault. Tardieu even says that the discharge may appear immediately and with symptoms of great intensity (?). Sometimes there is a delay of two or three days.

The duration of the affection depends, above all, as Professor Brouardel has said, on the two following factors: The child's *constitution,* and the *treatment* of the vulvitis. In a *healthy, well-cared-for* girl, an intense vulvitis will rarely last longer than twelve or fifteen days, and a mild vulvitis will yield in a few hours or a few days at most. On the other hand, in a *lymphatic* child (using this old adjective in its *clinical* sense) badly nourished and badly cared for, the acute stage of the vulvitis may last longer, and often give place to a *chronic phase.*

C. TRANSMISSION OF A VENEREAL DISEASE TO THE CHILD.

The assault may transmit to the child:—

1. Syphilis, marked by its point of *inoculation*, the *hard chancre*. The *primary lesion* alone is indicative of venereal contact; secondary lesions (*e.g.*, mucous patches) have only a restricted value, for they do not in any way signify that the syphilis was inoculated *in situ*.

2. The soft chancre or chancroid.

3. Gonorrhea, which manifests itself as a vulvoviginitis whose characteristics we shall study and discuss in the next chapter.

D. PRESENCE OF SEMEN ON THE SEXUAL ORGANS AND CLOTHING OF THE VICTIM.

This is a characteristic of great importance, but strictly contingent. It indicates that the penis has taken part in the criminal manipulations which have culminated in ejaculation.

Such is the collection of signs that may be exhibited by indecent assaults committed on female subjects, or, to speak more correctly, on little girls. But to know these signs is not enough; we must know also their true value and to what extent the expert may draw upon them in forming his conclusions. This study in medicolegal symptomatology will be the subject of the next chapter.

CHAPTER IX.

INDECENT ASSAULTS (CONTINUED).

Medicolegal symptomatology of the signs of indecent assault on little girls.

Study of infantile vulvovaginites.—Etiological classification of these affections.—Transmissible vulvovaginitis of a non-venereal origin is the most common. All infantile vulvites, whatever their origin, have the same symptomatology; the vulvitis consecutive to indecent assaults has no special sign.

Diagnosis of gonorrheal vulvitis.—Clinically it is impossible to formulate a rigorous diagnosis.—Bacteriology has found a specific characteristic for gonorrhea, the gonococcus, but it has shown at the same time that a gonorrheal vulvitis is almost commonplace in little girls, and that it does not demonstrate a venereal origin (criminal) except in a very small number of cases.

Diagnosis of vulvar ulcerations.—Syphilis and herpes.—Syphilis and erosive vulvitis.

Conclusions in a case of indecent assault.

We now take up the *medicolegal symptomatology* of indecent assaults. This is undeniably a singularly complex study, and one that will lead the expert in many a case to observe an extreme reserve in his conclusions.

In a child who claims, or whose parents claim, that she is the victim of an indecent assault, we may meet, as we have already said, the following signs: *Genital* and *extragenital traumata; vulvovaginitis* due to the acts practised on the genital organs; *gonorrhea,* or, in other words, a *vulvovaginitis of gonorrheal origin; syphilitic and chancroidal ulcerations,* and, finally, traces of *sperm.*

What are these symptoms worth from the point of view of confirming the pretended assault? Are they pathognomonic or are they open to discussion? Putting aside the genital and extragenital traumata, which we have already discussed, we have the following problems to meet:—

1. Has the *vulvitis* that follows an indecent assault special characteristics of its own, and can it be distinguished from all others?

2. Can we recognize with certainty the *gonorrheal* nature of a vulvitis, and if the positive existence of gonorrhea has been proven, does this necessarily imply that the infection was due to a venereal act?

3. Is it in general easy to determine the diagnosis of *vulvar ulcerations* in a small child, and in particular, to distinguish between *syphilitic and chancroidal ulcerations?* And to what errors is the expert here exposed?

4. Finally, what is the value of seminal stains?

In order to discuss the first two questions, it is absolutely necessary that we should first make a short etiological and clinical excursion into the domain of the *vulvovaginites of children.*

A. Nothing is commoner than vulvovaginitis (or simply vulvitis) in children, especially in those of the lower classes, such as we see in our hospitals; it is, so to speak, almost an everyday phenomenon in little girls. The *etiological* classification of infantile vulvites is not easy. Tardieu has adopted the following:—

(*a*) Constitutional leucorrhea (in so-called lymphatic children).

(*b*) Catarrhal inflammation.

(*c*) Traumatic irritation.

(*d*) Vulvitis of venereal origin (gonorrhea).

This classification must now be recognized as out of date, and we propose the following, which is that of Dr. Comby, with some slight modifications. This is a classification that confines itself to stating the causes that the clinician can easily establish.

(*a*) Vulvitis of *traumatic* origin.

(*b*) Vulvitis due to *lack of hygienic care.*

(*c*) Vulvitis *secondary* to various infectious diseases (measles especially; then typhoid, scarlet fever, chicken-pox, grippe). The vulvitis appears ordinarily during the convalescence of these affections.

(*d*) *Specific, transmissible* vulvitis of *non-venereal* origin.

(*e*) *Specific, transmissible* vulvitis of *venereal* origin, that is to say, a *criminal* or *gonorrheal* vulvitis.

Let us accept for the moment this simple and very con-

venient classification; we shall have to modify it shortly when we examine more deeply the *exact nature* of vulvitis. It is understood, I think, that the *vulvitis following indecent assaults is a traumatic vulvitis.*

Modern researches have demonstrated that the class most frequently met with consists of *transmissible* vulvites of *non-venereal origin.* These comprise practically all vulvites formerly classified as *catarrhal* or *spontaneous*, probably 90 per cent. of all vulvites. This form always arises from a *similar vulvitis;* the vulvovaginal discharge by which it manifests itself comes from the contagion of a similar discharge, and in its turn can produce the same discharge by contagion. We will discuss elsewhere the *real nature* of the discharge; let us say here that the *transmission* is made from one subject to another, from one vulva to another, by either *direct* or *indirect contact.*

In cases of indirect contact the transmitting agent is some object that, after having been in contact with the vulva of the *infecting* person, comes in contact with the vulva of the one or more persons *infected,* as, for example, a *vulvar toilet sponge* or *some other private toilet article* that is used in common by the person who is the source of the contagion, and by the person or persons who are the victims of the contagion. The water in a bath or in a pool may be infected thus by some one having a specific vulvar discharge, and so serve as the transmitting agent.

It is clear that such a transmissible vulvitis may, and, in fact often does, take on the nature of an epidemic, affecting whole families or still larger groups of individuals. The contagion can be followed in its whole course if you wish to take the trouble; the *original* leucorrhea may belong to a child or a young girl, or to a woman. Here are examples of such transmissions taken from some of those authors who have made a special study of the subject:--

(*a*) A woman with leucorrhea gave a vulvitis to her little girl who used the same sponge as her mother to wash her vulva (Comby).

(*b*) Three sisters had vulvitis; *one of them got it from a* chambermaid who had leucorrhea, with whom she had slept.

Then, when she slept with her two sisters she communicated her discharge to them (Comby).

(*c*) Suchard gives the history of an *epidemic* of vulvitis that at first attacked a group of twelve young girls, then a group of four others who took their bath in the same pool.

(*d*) Ollivier reported to the Academy in 1888 the history of an *epidemic* of vulvitis in some young girls, due to their using vulvar toilet sponges in common.

(*e*) The well-known case of Weil and Barjon, of Lyons, is very interesting; it concerns an *epidemic* of vulvitis observed in the children's service at the Charité Hospital, in Lyons. The transmitting agent was a *thermometer* used in taking the vaginal temperature, that had been used on a child with leucorrhea.

(*f*) Several years ago Brouardel reported a case worthy of mention: During a period of four years at the dépôt des Enfants Assistés, a temporary home for children while their mothers are sick, a certain number of little girls who had no vulvitis on entering, left attacked with leucorrhea. As a result there was a series of complaints to the courts based on the *vulgar belief that every vulvitis in childhood is the result of an indecent assault.* The medicolegal inquiry demonstrated that during the sojourn of the children at the home there was an epidemic of *catarrhal vulvitis* in the establishment.

B. If we leave aside vulvovaginitis of gonorrheal origin, to which we shall specially return in a few moments, we can say that every vulvitis or vulvovagintis in childhood, *no matter what its etiological factor,* has for its symptomatology the syndrome that we have given as characteristic for vulvitis due to an indecent assault: *pain, redness, swelling, purulent discharge, ulcerations;* and, just as there, this syndrome may exhibit in vulvitis of any origin every degree of decreasing or progressively increasing severity.

In other words, every vulvitis,—excepting momentarily gonorrheal vulvitis,—resembles symptomatically the vulvitis that follows indecent assaults. The latter is not clinically differentiated in any way, *on the one hand,* from the group of traumatic vulvites to which it belongs etiologically, and, *on the other,* from every other vulvitis.

Fournier is perfectly justified when he says very definitely: "There is *not a sign, not a single sign,* that makes it possible to establish a differential diagnosis on solid grounds between a vulvar inflammation due to *a criminal act,* and one resulting *from some other cause.*" And this statement applies also to vulvitis due to indecent assaults as compared with every other class of vulvitis; there is no clinical sign, not a single sign that makes it possible to establish a differential diagnosis on solid foundations.

Tardieu formerly advanced the opinion that vulvitis due to an indecent assault could be differentiated from a spontaneous or catarrhal vulvitis in that the *onset* of the latter was less rapid; the vulvar *inflammation* less manifest, less acute; the swelling, the redness, the sensitiveness, the discharge, less pronounced.

To base so serious a diagnosis on factors so difficult to determine and varying with every physician, seems to us of little medicolegal value. No weight is to be attached to this sign of Tardieu's. As Brouardel has said, a spontaneous vulvitis may at the very onset assume the objective characteristics of a severity equal to the most intense traumatic vulvitis.

The reply to the *first question* that we put to ourselves above must, then, be formulated, as follows: No; *vulvitis due to indecent assaults has no special characteristics, and it is impossible to distinguish it with certainty from other forms.*

Let us now pass to the *second question,* which is as follows: Can we recognize with certainty the gonorrheal nature of a vulvitis, and if the positive existence of gonorrhea has been proven, does this necessarily imply that the infection was due to a venereal act? This, as we shall see, is a question of first importance.

In order to present the facts clearly, let us go back first into the past, to a time, however, not very remote, before the beginning of bacteriological investigations. For clinicians and medicolegal specialists as late as the early '70's, gonorrhea was, *in every case,* the result of venereal transmission, and, consequently, every vulvitis occurring in childhood, whose gonorrheal nature was recognized absolutely, had to be declared of venereal origin, that is to say, of criminal origin.

But what means were employed to diagnose gonorrheal vulvitis? The clinical examination, which was the only method known, seems to have ascribed to gonorrheal vulvitis certain rather sharply defined characteristics, which we will first state and then we will discuss their value. These characteristics were as follows:—

1. An *inflammation of greater general severity* in gonorrheal vulvitis; swelling more often present; discharge more abundant, of a more greenish color; bartholinitis more common.

2. *Enormous turgescence* of the vessels about the entrance to the vulva and the vagina (Tardieu).

3. The *inflammation passes to the urethra;* marked pain on urination. Pressure causes pus to come from the urethra.

4. *Duration much longer* than that of any other form of acute vulvitis.

In short, in the eyes of the clinicians who had studied and established these characteristics, gonorrheal vulvitis was the most acute of all vulvites, and further possessed several special symptoms, or, rather, very characteristic symptomatic variations. Let us discuss all this.

1. That gonorrheal vulvitis attains the most acute degree of inflammation is a fact, but any other form of vulvitis may attain and at times does attain the same degree of severity; therefore we cannot put absolute reliance on this characteristic.

2. The turgescence of the vessels about the entrance to the vulva and the vagina does not possess the importance that Tardieu has ascribed to it.

3. The presence of a urethritis is a more important sign, but which cannot, however, be considered of absolute value. It is perhaps more significant in a woman than in a small girl. In the case of a woman, the statement of Ricord is worth remembering: "There is a sign that, *without being incontestable,* has great value in proving that a discharge has been transmitted, and that is when the discharge comes from the urethra."

The old syphilographers shared the opinion of Ricord. Rollet declares that contagion is absolutely necessary for the

development of urethritis in women, and A. Guerin says that he admits the possibility of *simple urethritis* in women, but that he has *never seen a case*. Casper, Liman, and Brouardel are more reserved as to the value of urethritis in little girls.

4. The best sign of the gonorrheal nature of a vulvitis is certainly the course and duration of it. It can be said that gonorrheal vulvitis is, with equal care, the most lingering of all acute vulvites. On that point medicolegal experts and venereologists were in accord, but we must not be too absolute even there.

To sum up, the clinic certainly established a *sum total of signs that argued in favor of the gonorrheal nature* of a vulvitis, but it did not succeed in discovering the pathognomonic symptom. Today, then, we can assert that it is not possible for us to decide definitely by clinical signs alone concerning the gonorrheal nature of a vulvitis, any more than it is possible, as we have shown, to determine by objective signs that an indecent assault is the cause of a given vulvitis.

Such was the state of affairs when bacteriology appeared. Was this science to suceed in finding a specific characteristic that had previously been lacking; was it to give to clinicians the power of affirming the presence of gonorrhea and to experts the right to say: This child has gonorrhea; there has, consequently, been a criminal act?

It has so happened that bacteriology has given science a sign, a *special, absolutely pathognomonic* characteristic for gonorrhea; but at the same time gonorrhea has, by its aid, *ceased to be in little girls or young maids an absolute synonym for a disease contracted by sexual relations,* that is to say, by *rape* and *indecent assault*. Let us recount the evolution of this point of view.

It is well known that it was in 1879 that Neisser, assistant in the dermatological clinic at Breslau, discovered a special microbe characteristic of gonorrhea, the gonococcus. This microbe is reniform or bean shaped, and looks like grains of coffee, more or less abundant in the pus; these grains are generally associated in pairs, their concave surfaces facing each other. They are free, or imbedded in leucocytes, or collected into little masses.

The discovery of Neisser gave rise to a large number of investigations which completed the history of the gonococcus; those who are interested in this question will find excellent accounts in the theses of Bosc and of Sée, the latter published in 1896. Gonorrhea became, as a result of these researches, the *manifestation* of a definite parasite, just as in the case of anthrax, glanders, tetanus, tuberculosis, etc. When the gonococcus is found we can now say *gonorrhea,* just as we say tuberculosis when we find the bacillus of Koch; anthrax, when we find the B. anthracis, etc.

The specificity of the gonococcus was not, however, accepted without discussion, and among the important cases brought against the gonococcus, one of the most interesting was reported by the deeply regretted Professor Straus, who found the gonococcus in the discharge of a young man of sixteen years who had a urethritis of non-venereal origin without its being possible to ascribe it to sexual intercourse (*Archives de médecine expérimentale,* 1889).

Though at the present time the medical world may not have entirely accepted the specificity of the gonococcus, let us, nevertheless, admit this specificity as complete and absolute, and we believe there is every reason for doing so. The medicolegal conclusions to be drawn from this fact would seem, then, to be as follows:—

A girl has a discharge; we make an examination and find the gonococcus; we are authorized to say, then, that she has gonorrhea. Now, gonorrhea does not arise spontaneously; it springs from contagion, and what can be the source of this contagion if not venereal? And we clearly conclude, then, that the child has suffered from an infecting contact, has been the victim of an indecent assault.

This was precisely the line of reasoning, according to Bosc, followed in 1890 by an Italian physician, who concluded that an accused man was guilty because he had found the gonococcus in his urethra and also in the genital passages of a girl who claimed, or whose people claimed, that she was the victim of this man. Whoever reasons as this Italian physician, and where he finds the gonococcus in a vulvitis in a child, con-

cludes that there has been an indecent assault, commits a *grave and serious error,* as may readily be demonstrated.

Vibert and Bordas were probably the first to protest against the dangerous conclusions that the experts wished to draw from the presence of the gonococcus in discharges; their article appeared in the *Annales d'hygiène et de médecine légale* for May, 1891, and was justly applauded; it concluded *that in no case is the expert authorized to affirm that a vulvitis is gonorrheal basing his statement on a more or less complete bacteriological examination.*

While recognizing the services which Vibert and Bordas have rendered in calling, *Look out!* to imprudent persons who were on a wrong track, we cannot follow them in their conclusions, and we say that it seems to us today a very simple matter to establish the *gonococcic, that is to say, the gonorrheal* nature of a vaginal discharge with the aid of bacteriology. But what we have not the right to say is, that this gonorrhea, if it is the case of a little girl, is the result *incontestably* of an actual *contact,* an actual *transmission of a venereal nature.*

Bacteriology has overthrown the old ideas on this subject; it has shown that gonorrhea is a very frequent, commonplace affair in little girls, apart from all venereal transmission; that is to say, speaking specifically, apart from all indecent assault or rape. It has shown us that *gonorrheal vulvitis* is the commonest form of vulvitis in children, that it constitutes the immense majority of those cases of vulvitis formerly described as *catarrhal* or *spontaneous,* and that it is the cause of those *specific vulvites due to non-venereal transmission,* of which we spoke above, the epidemic vulvites in families, in boarding houses, and in all places where children are collected together, and where the disease is so common. The catarrhal or spontaneous vulvitis of the older writers, the specific, transmissible vulvitis of non-venereal origin of certain modern authors,—that is to say, *at least three-quarters of all forms of vulvitis,*—all this is nothing, more nor less, than *gonorrheal vulvitis.* Let us have proofs of these statements.

As early as 1884 de Amicis called attention to the fact that he had often found the gonococcus in the vulvovaginitis of children that had developed apart from any indecent assault.

Unfortunately, he gave a very fantastic interpretation to this important fact: he considered that this form of vulvovaginitis was spontaneous, and that the gonococcus resulted from the transformation of the normal saprophytes of the vaginal cavity.

In 1885 Cséri examined 26 little girls afflicted with vulvovaginitis in the hospital at Pesth; he found the gonococcus in *all* of them. Spaëth, in 1889, studied 21 cases of vulvovaginitis in children; he found the gonococcus fourteen times. E. Dupré made some investigations on 23 little girls aged from ten months to eleven years at the Trousseau Hospital, and found the gonococcus 23 times in the vaginal discharge.

In 1881 Cahen Brach presented to the congress at Halle a report on 21 cases of leucorrheal discharges in children from two to ten years of age. All these discharges, *with one exception,* contained typical gonococci. The origin of these cases of vulvitis was determined with considerable probability, as follows: *seven* children had been subjects of criminal manipulations; three had contracted their discharge at the hospital. The others either slept with their mothers who had suspicious leucorrhea, or they lived in families in which genital or ophthalmic gonorrhea was present.

Out of 50 cases of vulvitis with gonococci, Fisher, in 1895, found that *rape* was the cause in only a single case. Cassel, of Berlin, examined a series of 30 girls aged from seven months to twelve years, affected with a vulvovaginal discharge. In twenty-four of the thirty he found gonococci. His inquiry into the cause was futile in ten cases; *in a single case* the cause was venereal contagion.

Finally, recall the curious epidemic of vulvitis recorded by Weil and Barjon at the Charité Hospital in Lyons in 1891, where a thermometer played the rôle of the transmitting agent; this, too, was gonorrheal. It is scarcely necessary to continue a demonstration that appears to be superabundantly proven; let us *summarize the facts* and *draw our conclusions.*

If you are one of the few who deny the specificity of the gonococcus, you are only too well authorized to say that a microbe so commonplace, found in venereal and in non-venereal discharges, has no value, and the expert has merely to state its existence. If you believe as we do, that the gono-

coccus is specific, if you consider that the presence of the gonococcus means gonorrhea, you will say: There are two categories of gonorrheal vulvitis in little girls: one, *very rare* as compared with the other, is the result of the criminal transmission of gonorrhea. The other, *extremely frequent*, the most commonplace in fact of the vulvites of childhood, is the result of the accidental transmission of gonorrhea, a transmission that may take place by contact in bed between the child and her mother or her sisters, who have a gonorrheal discharge, by the use of vulvar toilet articles in common with gonorrheal persons, by a thermometer that carries the gonococcus from one vulva to another, by contaminated water that infects every girl who bathes in it, etc. These are cases, as Aubert of Lyons has said as justly as picturesquely, of *gonorrhea insontium*, gonorrhea of the innocent.

And now the reply to our *second question* is easy: Formerly there was no means of recognizing with certainty a gonorrheal vulvovaginitis by clinical methods, and we who know today how to determine clearly the diagnosis of a gonorrheal lesion by finding its specific cause, the gonococcus, we have learned that gonorrheal vulvovaginitis is singularly commonplace in little girls, and in only an extreme minority of cases signifies a venereal origin, that is to say, a criminal origin.[1]

[1] While there can be no doubt today regarding the specificity of the gonococcus it may not be out of place to remind the student and the general practitioner who has not had special training in recognizing this bacterium, that not every diplococcus found in the genital passages is a gonococcus. Watson and Cunningham in their "Diseases and Surgery of the Genito-urinary System," 1908, vol. i, p. 55, in speaking of the gonococcus say: " . . . We must accept it as an established scientific fact that this micro-organism is the active agent in the production of this disease, although in the writer's belief, there may be another diplococcus which has not, as yet, been differentiated from the gonococcus, and which is capable of creating an acute urethritis differing from gonorrhea in its clinical course, and which has not, as yet, been subjected to a test by which it can be distinguished from the gonococcus."

The general practitioner should also remember that while the gonococcus is decolorized by the Gram method, other diplococci may exist in the male urethra that are not thus decolorized. I had an interesting case of this kind in my own practice in May, 1910. The

Continuing our symptomatological review of the signs of indecent assault, we come to the *third question.* Is it in general easy to determine the diagnosis of vulvar ulcerations in a small child, and in particular to distinguish between syphilitic and chancroidal ulcerations? And to what errors is the expert here exposed?

We are concerned, then, with the *medicolegal diagnosis of vulvar ulcerations* in children, and in order to discuss the matter more fundamentally, let us first recall a few elementary clinical facts concerning these lesions. The vulvar ulcerations in children that we should keep in mind are *numerous;* the following is a sufficiently detailed list:—

1. Ulcerations of the aphthous and gangrenous vulvitis of Parrot.
2. Diphtheritic ulcerations.
3. Syphilitic ulcerations.
4. Chancroidal ulcerations.
5. Ulcerations in the various forms of vulvitis studied in the preceding pages.
6. Herpetic ulcerations.

A brief word of description of each of these varieties of ulcerations is necessary.

1. Parrot has described *aphthous vulvitis* thus: "The affection is always found on the vulva, but is not necessarily limited to it, and often enough it is seen extended to the neighboring regions, that is to say, to the perineum, to the region about the anus, to the genitocrural furrows, and to the groins. . . . At first the lesion consists of little plaques, rounded, or, more properly speaking, spheroidal, whitish or grayish white

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patient was a student who had had intercourse a few days before. The only symptoms were a slight discharge and slight burning on micturition. The microscope showed numerous staphylococci and diplococci both intra- and extra- cellular, but the diplococci were not decolorized by Gram's method. It was clearly a case of non-specific urethritis, and the patient entirely recovered in a few days with no other treatment than hexamethylenamin. I know of cases in which the results to the patient have been most disastrous socially and morally from the carelessness of physicians in diagnosing gonorrhea without a microscopic examination when no gonorrhea was present.—A. W. W.

in color. Their diameter varies from 1 to 3 or 4 millimeters. . . . They resemble closely the buccal aphthæ; the integument is generally only slightly altered, though sometimes it manifests a slight pink or violet tint, and a little swelling. In some subjects the epidermis has disappeared and the vesicles rest on a vivid red surface that oozes somewhat. They are sometimes confluent," etc.

The culmination of this affection, if not treated in time, is *vulvar gangrene,* a *gangrenous ulceration.* Aphthous vulvitis never appears except as a *secondary localization,* especially of measles. Consequently we know in what children and where aphthous vulvitis and its sequel, *vulvar gangrene,* develop.

2. *Diphtheritic vulvitis* is pretty common, either primary or secondary to diphtheria localized elsewhere. Its characteristics consist in an invasion of the mucosa by false membranes, and the appearance of small ulcerations when the false membranes separate. The bacillus of Löffler is always present, associated with various other bacteria.

3. The best idea of primary syphilitic ulcerations (hard chancres) will be gained by recalling summarily their characteristics as taught by Professor Fournier.

(*a*) Lesion ordinarily *single;* multiple lesions very rare.

(*b*) *Indurated base.*

(*c*) Inguinal glands *always* affected, painless, hard, persistent, generally many glands involved.

(*d*) No pain; no itching.

(*e*) Healing generally slow.[2]

4. The chief characteristics of *soft chancres* or *chancroids* are the following:—

Multiple lesions ordinarily; the soft chancre *sows itself.*

Base *not indurated;* usually abundant *suppuration.*

Inguinal bubo often single and large, going often to *suppuration.*

Autoinoculability and the presence of the *bacillus* studied by Ducrey, an organism easy to demonstrate.

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[2] To bring this description up-to-date we should add: The presence of the specific organism of syphilis, the Treponema pallidum, discovered by Schaudinn and sometimes called by the first name he gave it, Spirochæta pallida.—A. W. W.

Course prolonged owing to successive reinfections at the site of the lesions.

5. *Herpetic ulcerations* of the vulva are very common. Herpes of the vulva may appear as a primary lesion, or accompanying various sorts of vulvitis,—traumatic, gonorrheal, etc. . . .; it is even found attending syphilitic lesions. Vulvar herpes may be recognized, according to Fournier, by the following signs:—

(*a*) Ordinarily multiple erosions.

(*b*) Base soft; no induration.

(*c*) No enlarged ganglia.

(*d*) Itching lesion (burning; local heat).

(*e*) Healing rapid.

6. Finally, there are the ulcerations that occur in the course of the various sorts of vulvitis, whatever their origin, whether resulting from a criminal trauma or not, or from any other cause. Generally, as we have already said, they are nothing but purely superficial abrasions, but at times we come upon lesions excavated *more deeply, of a vivid red or gray mass; in a word, chancre-like in appearance.* But even in this case the base of the ulcerations is *most often* not indurated, and *ordinarily* the ganglia are not palpable.

These, then, are the elements of the problem and schematically all the various ulcerations exhibit well-marked differential characteristics. In practice it is otherwise. For the clinician, vulvar ulcerations in little girls at times involve the most delicate diagnosis, and for the expert, whose problem is a still more serious one, the difficulties are often extreme.

But one thing the expert should always keep in mind and have as his sole object,—not to force himself to make, as the clinician does, an elegant, approximative diagnosis, but to avoid committing either of the two following serious errors:—

1. *To mistake for a syphilitic lesion one that has nothing to do with syphilis;*

2. *To consider that an ulceration is the result of a criminal act when it has some very different origin.*

Let us begin with the second point. In the lay mind every vulvar lesion in a child is at once attributed to a criminal origin, whether it be a simple inflammation, a discharge, an

ulceration, etc., and then a complaint is made to the police and a charge is formulated, sometimes against no special person, sometimes against a definite individual who may be perfectly innocent. All this is bad enough, but it is still much worse when a physician is found, either ignorant or worse, who supports the accusation by a certificate in due form, and so supplies it with serious foundations.

It is almost unbelievable what curious errors have been committed in this way. *Gangrene of the vulva and diphtheria* have been mistaken for lesions resulting from criminal acts. A little girl of four years was received into the Manchester infirmary in February, 1791, for a *gangrene* of the organs accompanied by great physical weakness. She had slept in the same bed with a boy of fourteen years, and it was *supposed* that he had taken *criminal liberties* with her. The gangrene increased and resulted in *death*. The young man was brought before the Lancaster assizes on a charge of rape; but he was acquitted because it was proven that several cases of the same disease had been observed at the same time in other little girls without there being any reason to suspect any criminal act. This case, due to Percival, is celebrated, and is reported in all treatises on legal medicine. We have taken it from Taylor.

It may be objected that this case is a very old one; that today such a mistake would be easily avoided, and that no physician would be found to be the accomplice of such a charge. The following case will demonstrate the contrary; it is taken from Brouardel:—

"A mother made complaint to the court that she had discovered lesions on the vulva of her little girl. The child had just left the Enfants-Assistés Hospital. A physician had declared that the *lesions were the result of assaults committed on this little girl* (two years and one month old). The newspapers, relying on this certificate, had made the most serious charges against the personnel of the hospital. The doctor added that the *hymen had completely disappeared;* that the *rape was complete* on this little girl of twenty-five months. Now, the hymen was intact, its orifice punctiform; the aphthous affection had developed *at the beginning of an attack*

of measles, and had probably taken the *gangrenous form* under the influence of this eruptive fever."[3]

In the next case, diphtheritic vulvitis, the error is no less extraordinary; here diphtheritic plaques and the succeeding ulcerations on the vulva were not only mistaken by the parents of the child, which was excusable, but also by physicians, for lesions resulting from a criminal trauma. Brouardel has seen *five* cases of this sort and has published the following, which we summarize: Little Elisa D—— died from diphtheria December 28, 1882, and Dr. V—— wrote a certificate as follows: "I certify that Elisa D—— is deceased from an attack of diphtheria the 28th of December. But, two days before, I found on the labia (genital organs) a very great inflammation, resulting in a vulvitis that caused the little girl great pain. Two days later this vulvitis produced *little ulcerations,* indicating *a probable infection as the result of manipulations by some other person."* Let us note in passing the imprudence of such a certificate in which the physician asserts what he has scarcely the right to assume.

The excitement in the family is easily imagined; the law was called upon, the body was ordered exhumed and confided to Brouardel. The autopsy showed that the vulvar mucosa was covered with clearly defined false membranes, which were easily detached. The labia majora were swollen. At the base of the vulva in the region of the fourchette, the mucosa was bare, exhibiting some small *ulcerations,* such as are seen when diphtheritic false membranes are torn off. The hymen was annular in form and intact. On the roof of the mouth the tonsils and the uvula, there were numerous *false membranes,* which likewise covered the aryteno-epiglottic folds and extended into the trachea and the main bronchi. The expert formulated his conclusions thus:—

1. Death was the result of a laryngo-tracheo-pulmonary diphtheria.
2. The cadaver shows no signs of violation.
3. The hymen is intact.

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[3] P. Brouardel, *Des causes d'erreur dans les expertises aux attentats á la pudeur,* Paris, 1883.

4. The vulvitis is diphtheritic in nature. This secondary localization of the disease to which the young girl, D——, succumbed, is very common. This complication is described in the classical books. Its characteristic consists in the invasion of the mucosa by false membranes and in the appearance of *little ulcerations* when the false membranes are detached.

5. There is no lesion that allows one to suspect that this little girl suffered manipulations or assaults on her genital organs.

We now come to the medicolegal diagnosis of *vulvar syphilis,* that is to say, of the *hard chancre* in little girls. This is one of the most serious questions that can be presented to the expert.

In medical practice it involves most often nothing more than a mediocre inconvenience to believe in the presence of syphilis without having acquired absolute certainty as a result of your examination, and to institute the proper treatment; this line of conduct is even preferable to the reverse. In legal medicine it is quite otherwise; the moment you have pronounced and written the words, *a hard vulvar chancre in a child,* you have said, *crime.*

You must fix your attention, then, not so much on recognizing and tracing syphilis, as on avoiding the fatal error of declaring syphilis where no syphilis exists, and it is the method of avoiding such an error to which we shall especially give our attention. To be sure, the problem is always a delicate one; but if you keep well in mind the line of conduct we are about to describe, you will be sure at least of reducing the chances of error to a minimum, and especially *you will never commit an error to the prejudice of the defendant,* a point of capital importance for the expert.

1. Know how to wait; know how not to hurry, and never commit yourself on a single examination; see the victim two, three or four times; more, if necessary; *time itself will often make the diagnosis.*

2. Never diagnose syphilis by the chancre alone, no matter how certain you may be, even after repeated examinations, that it is really a syphilitic chancre.

Dr. Fournier speaks with authority on this point: "The

physician," he says, "who would have the audacity to diagnose syphilis by the chancre alone without waiting for the development of the secondary symptoms to confirm his opinion, would be guilty of the most culpable imprudence, of a rashness whose only excuse could be an unconscious ignorance of syphilitic lesions; such a physician, though he had the authority of Ricord and of Tardieu, would commit an abuse of science, for he would affirm what he had no right to affirm."

3. Know how to *doubt,* and if you have come to no conviction, say so frankly. If a mist of doubt still persists in your mind, protect yourself by someone of greater authority than yourself, by asking for another expert who is a known authority in such matters to act in conjunction with you; in default of such assistance, which sometimes is materially impossible, make your conclusions in the most reserved manner, exaggerating still and to a marked degree any doubts that persist in your mind. You will never have to regret such a line of conduct and you may bitterly repent of the opposite.

After these general rules let us come to details. As Dr. Fournier has said, *what is most commonly mistaken for syphilis is herpes, and also the lesions of vulvitis,—erosive vulvitis.* We will call upon Dr. Fournier for the methods of avoiding this error, and also for striking examples that should be forever remembered.

A. Syphilitic Chancre and Herpes.

"It must be admitted," says Dr. Fournier, "that this diagnosis is formulated in a very strange fashion in the majority of our classical books, where we read about like this: The chancre is distinguished from herpes in that the former is an *ulceration,* while the latter is primarily a *vesicular* lesion, appearing on examination in the form either of a series of little vesicles in groups, or later of miliary erosions. This description is almost naïve. If, in fact, herpes were always constituted thus (vesicles and miliary erosions), it would never be mistaken for a chancre, and it would truly be the blind who could mistake things so dissimilar. If, then, herpes and chancre are confounded, as they are every day, it is clearly probable that herpes exhibits certain forms that depart from

its normal type and approach the chancre in appearance, and this is what actually occurs.

"Herpes that may be confounded with chancre is neither a vesicular herpes nor a herpes of miliary erosions resulting from the rupture of isolated vesicles; it is a *confluent* herpes, forming groups, bunches of contiguous erosions, that at length unite, fuse, and so end in forming a large erosion; it is also an *excavated* herpes, passing beyond the epidermis and attacking the superficial portion of the derma, like the chancre; it is a herpes of *long duration,* requiring several weeks for its complete evolution; it is further a *solitary* herpes, a rare but very real form, constituting a single lesion, often of considerable extent. In a word, it is a herpes that under various forms resembles chancre sufficiently to merit the significant name, *chancriform herpes,* and that, let us say at once, sometimes resembles chancre to such an extent that, as masters of the art admit, notably Ricord, it is impossible to establish the diagnosis when first seen or for a certain period of time."

The best diagnostic signs are the following:—

(*a*) *The Condition of the Ganglia.*—In chancre an indolent, hard, persistent adenitis, usually multiganglear (pleiad); in herpes, usually no palpable ganglia, or, at most, a subinflammatory tension.

(*b*) *Condition of the Base of the Lesion.*—In chancre constant, or almost constant, induration. In herpes a supple condition of the base, or at most, a slight inflammatory resistance that does not give the fingers the hard, clean-cut sensation of the specific induration.

(*c*) *The Margin of the Lesion.*—"This," says Dr. Fournier, "is one of the most practical signs in the differential diagnosis of herpes and chancre, a minute sign, perhaps, but a very real and distinctive one. Here are the characteristics:—

"If you examine the contour of a chancre, you will find it represented either by a circle of a certain diameter, or by a more or less regular oval, or by some non-geometrical, irregular form. If you examine, on the contrary, the contour of a large herpes, you will see it curiously marked by a series of incomplete circumferences, or, at least, you will recognize on

some points of the contour *little segments of circumferences* very regularly outlined.

"This arrangement, this polycyclic form, that the outline of herpes affects, is not the result of chance; it comes from the fact that the total lesion of herpes is the product of the fusion of several small, absolutely circular lesions; it is not met with in chancre, where there is no reason for it, since the chancre develops singly and not in groups; further, it does not occur in any other form of ulceration, hence it is pathognomonic of herpes."

(*d*) Finally, *the best sign of all* consists in following the *evolution of the lesion.* Healing will take place early if it is a case of herpes and nothing further will happen; in most cases healing will be longer in a case of chancre, and, finally, after several weeks systemic disturbances will appear.[4]

B. Syphilitic Chancre and Erosive Vulvitis.

In most cases the erosions of the various forms of vulvitis (*traumatic, so-called spontaneous, gonorrheal, etc.*) are simple ulcerations, but at times they become excavated and take on a *chancrous* appearance. To give an idea of this lesion, of the difficulty of diagnosing it and of the method of avoiding errors, we cannot do better than to quote *in extenso* a celebrated medicolegal case of Dr. Fournier's[5]:—

"A case that came to us here last year is a striking example of this variety of *chancre-like,* ulcerative vulvitis. I cite this case, and I cite it with details, because it is instructive from two points of view. It not only shows that simple, inflammatory ulcerations may occasionally take on the appearance of a chancre, but further, it shows incidentally and convincingly the excessive reserve that must be observed in the *medicolegal* diagnosis of this lesion.

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[4] The differential diagnosis is further established by the fact that we can obtain from the chancre the specific organism of syphilis, the Treponema pallidum.—A. W. W.

[5] This case, like all the preceding quotations from this same author, are taken from his classic book; *Leçons sur la syphilis chez la femme.*

"A child of six years was brought to this hospital and presented to us as affected with 'syphilitic chancres.' An assault had been committed upon her, we were told, by an individual who had just been imprisoned at Mazas.

"We examined this child with care and established the following: first, an intense vulvitis (labia majora swollen, large as the quarters of an orange, edematous, red, painful, abundant suppuration, etc.); further, erosive intertrigo of the peri-vulvar regions (genitocrural folds, superior internal surface of the thighs, inguinal regions); finally, and this is most interesting of all, on one of the large labia three ulcers, one as large as an apricot seed, the two others as large and circular as a pea. These lesions are grayish and buffy coated; they involve the derma superficially; they have a flat base, and the surface of two of them is slightly projecting, slightly papulous; they are indolent, and, finally, the base is resistant. As a final bit of information, adenitis is strongly marked in both groins, where there are several ganglia, free, isolated, movable under the finger, large as small hazelnuts, scarcely painful at all.

"Before such a symptomatic picture I admit that at first and without hesitation, I put myself in accord with the first physician who had examined the child and made my diagnosis: *Vulvitis with syphilitic chancres.* The expert appointed by the court, Dr. G. Bergeron, examined the little patient the next day and made exactly the same diagnosis as I.

"Next, a medicolegal report was asked for. The examining magistrate requested (as is customary) an immediate answer. The facts seemed so simple that, I repeat, any hesitation seemed out of the question. However, in virtue of a principle that I have finally established for myself as a rule of conduct in such cases.—a principle that I will state later and demonstrate, I hope, how completely it is justified,—I refused to sign the certificate that they required of me as hospital official, and I was fortunate enough to get the expert to do likewise. By common agreement we wished to wait, and we waited.

"Consequently we were in a position to know that we had not given a hasty opinion, and that we had not aggravated the

terrible situation of the prisoner by affirming a diagnosis that, nevertheless, seemed very evident. And what happened? In the first place, under the influence of some care and in a few days, the vulvitis and intertrigo disappeared; then the multigangliar adenitis (the adenitis that we had taken for a pleiad) disappeared as if by magic, as soon as the vulvar inflammation had subsided; finally, the chancres, or pretended chancres, began to clean up, repair set in with a rapidity that was more than suspicious, and they had healed in a week. And then what happened further? Then *nothing at all happened.* The syphilis that we had anticipated at the beginning, but that we no longer expected, did not appear for the very good reason that there was none there to appear. For several months the child remained under our eyes at the hospital and we examined her daily with the greatest care. Not the slightest sign of infection appeared upon her. On the other hand, to complete the story, the charges that had been brought against the prisoner were found to be insupportable; the case was abandoned for extramedical reasons that do not concern us here; in short, the conclusion of this whole affair was clearly that the child had merely had a *simple, spontaneous vulvitis,* not at all the result of rape, an ulcerous vulvitis, the ulcers simulating syphilitic chancres in appearance.

"So we were all deceived: radically, absolutely deceived; deceived without any hesitation or any suspicion of a possible error; deceived in a case that seemed to be simplicity itself; in a case where the immediate diagnosis of syphilis seemed as certain as it was easy. These pretended chancres were not chancres at all; what we had taken for such were merely the inflammatory ulcers of a vulvitis, and a simple spontaneous vulvitis at that.

"Such an error made by observant physicians who are accustomed to diagnosis in this class of diseases is instructive from several points of view. Far from keeping silent, far from dissimulating, I consider it my duty to accuse myself of this error, to make it known, and Dr. Bergeron and I have agreed to publish it. It yields us, in fact, two lessons:—

"1. It demonstrates, in the first place, that certain cases of simple, purely inflammatory lesions may assume to such an

extent the simulacrum of a chancre, that they impose upon the observer as chancres.

"2. It bears witness further to the rule that the medico-legal diagnosis of chancre should never be made from the mere fact of a reputed chancrous lesion, but rather from a complex of signs confirming one another, on a *total* and complete evolution of the disease, an evolution comprising, in the first place, the *chancre*, the initial lesion in the disease, and in the second place, more significant and more essential, the *secondary manifestation of the diathesis*, occurring at the proper time and with a fixed and significant termination."

Dr. Alfred Fournier concludes thus: "For this reason I said, a few moments ago, that I have made it an invariable and inflexible rule of conduct *never to diagnose* syphilis by the chancre if there is any possibility of my diagnosis being used medicolegally. If I were called into court on a case similar to that which I have just related, I should refuse absolutely to formulate an opinion if I had, to support my opinion, nothing but a local lesion, even though that lesion should seem to me the most typical, the most perfect chancre. *I should ask to be allowed to wait;* I should wish to see what the sequel was to be, for, taught by experience, I know that persons may be deceived by cases that were apparently the simplest, for I have been too often deceived in the case of syphilitic chancres to expose myself before a court to the risk of an error that would compromise a prisoner. This, then, is the point that I wish to emphasize as the *moral* of all this discourse in our conference today."

To conclude the symptomatology of indecent assault it remains for us to speak of *the value of seminal stains.* The presence of seminal stains has an enormous value in cases of indecent assaults and of rape. It is not necessary to insist on the fact that at times such a stain alone constitutes the decisive proof. It is not our intention to make a complete study of these stains, nor to enter upon the histological side of the subject, but to content ourselves with rapidly passing in review the objective characteristics.

Seminal stains are found:—

1. On the victim, either on the genital organs, on adjacent parts or on the clothing.

2. On the criminal (shirt or trousers).

3. On the scene of the crime; on the ground, the floor, the bed, etc.

Seminal stains may be discovered when first seen by their special appearance, which varies according to the locality. On the *skin* semen forms a sort of varnished spot that recalls the appearance of *dried collodion,* or it forms whitish bright scales.

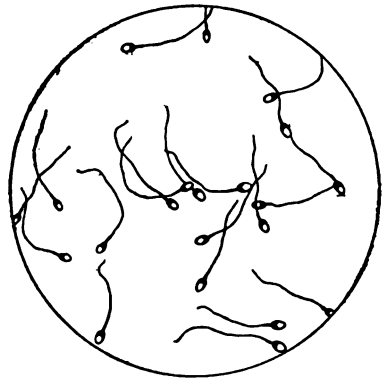

Fig. 13.—Normal spermatozoa from a healthy young man. From a cover-glass preparation stained with methylene blue. The base of the head is stained deeply; the tail is slightly thickened just back of the head. Total length 0.05 millimeter; head alone, 0.005 millimeter. Enlarged about 300 diameters. Drawn with a camera lucida from a portion of the field where the spermatozoa were very thinly spread.

On *hairs* semen forms a grayish magma agglutinating them. On the *linen* the spot assumes a well-known appearance; the color is grayish with a more deeply colored periphery; the contour is sinuous; the linen where the spot lies is stiff, as though starched, and it is transparent. On *wool* and *impermeable materials,* it forms a whitish, scaly trail, etc. . . .

But the naked eye is never enough to determine the presence of semen; absolute certainty can be obtained only from the microscope, which demonstrates the spermatozoa (Fig. 13). We omit, as we said, the technique of this subject, and

refer the reader to special works. Vibert's Manual is excellent.[6]

In closing, the only point to which we would call attention is, that there may be semen without spermatozoa, not only in old men, but in young, *adult* subjects in the full vigor of life. The absence of spermatozoa in a suspected fluid, then, does not justify us in saying that it is not semen.

Our study of the symptomatology of indecent assaults on little girls ought to end, as in the study of rape, with an outline of the *conclusions* to be drawn in such cases. But here the specific cases are much more varied than in rape, and it would be impossible to give an outline, even approximate, for every-

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[6] As Vibert's Manual is in French, I will give for the benefit of the American reader a simple method of preparing spermatozoa for microscopic examination. A cover-glass preparation is made precisely as in the case of bacteria. A drop of the fluid containing the spermatozoa is placed on the cover glass and allowed to dry spontaneously. If the source of the spermatozoa is a seminal stain on cloth, a piece of the stain should be cut out and placed in a watch glass in distilled water slightly acidulated with acetic acid. It is well to pull the fibers of the cloth gently apart after they are moistened. Then a drop of the fluid is placed on a cover glass. The dried preparation is passed two or three times through a flame and covered with an aqueous solution of methylene blue, which is allowed to act for about half a minute, is then washed off and the preparation may be examined in water, or dried and mounted. A high power of the microscope is necessary. If a double stain is desired the method of Dr. W. F. Whitney may be followed; it is described by Draper in his Legal Medicine (*loc. cit.*, p. 142), and is briefly as follows: The cover-glass preparation is first stained with aqueous eosin for a few seconds, then washed in water and counterstained with strong aqueous methyl green, heated until it steams, then washed, dried and mounted. The base of the head is stained green; the rest of the head and the tail red.

In making an examination for spermatozoa anyone who is not thoroughly familiar with their appearance should have a preparation of normal spermatozoa at hand for comparison. The heads often become detached from the tails, and a diagnosis from what appears to be a head alone should never be made. The Trichomonas vaginæ or vaginalis, a protozoon sometimes found in the genital passages of females, resembles the spermatozoon superficially, but the body of the animalcule is three times the size of the head of the spermatozoon, and it differs much in details of structure.—A. W. W.

thing to be met with in practice. Let us, however, trace a few general rules that may perhaps be useful.

In your conclusions never use the term indecent [or criminal] assault, for the assault that you thus affirm you have not been a witness of, and you have no right to affirm anything except what you have established. You have established only the symptoms, consequently in your conclusions you have to state only those symptoms and their value as a sign of indecent assault.

The two most delicate conclusions relate to vulvitis and vulvar discharges. In a general way, in cases, for example, where there is nothing to compel the idea of an assault or when convicting signs are absent (such as the presence of semen or an indurated chancre), you can draw up your conclusions pretty much as follows:—

The *inflammation* of the vulvar region that we have determined may result from a criminal act, but there is no sign that allows us to decide that such is really the case. Inflammation of the vulva in little girls is a phenomenon of common occurrence apart from any criminal assault. The vulvovaginal *discharge* determined by us in the little girl, X——, may be of venereal origin, but there is no sign that will allow us to affirm such an origin absolutely. Further, vulvar discharges are very common in children, and are usually due to some other than a venereal cause.

By concluding thus you tell what you have seen, and put things in their proper place. If the inquiry demonstrates that there was a criminal act, your conclusions are not against it, but, on the other hand, they do not support a calumnious or lightly made accusation.

CHAPTER X.

INDECENT ASSAULTS (CONTINUED).

Pederastic indecent assaults, acute or chronic.

Signs of an acute assault.—Local traumata: reddening, tears of the sphincter, anal infundibulum.—Remote traumata, assassination, sadistic mutilations.—Presence of sperm at the anus.—Transmission of venereal diseases.—Value of an anal chancre in men and in women as a sign of anal coitus.—Signs of chronic assault and of habitual passive pederasty.—Syndrome of Tardieu: it has lost much of its value regarding the anus; the infundibular anus in particular should not be considered as pathognomonic of repeated anal coitus.—The relaxation of the sphincter is, on the contrary, a good sign.

The pretended signs of habitual active pederasty.

To complete the history of indecent assaults, there remain to consider *pederastic indecent assaults,* that is to say, *anal coitus* executed by force,—or without force in the case of children,—on subjects of either sex; it is, of course, understood that there is no specific difference in the signs whether the victim be male or female.

We shall not stop over the varied circumstances under which this form of indecent assault is met with. We will merely say that male subjects are much more frequently victims than female. However, there is a very special variety of pederastic assault on women concerning which we ought to say a word, for the courts have several times been called upon to consider it: it is what Tardieu calls *conjugal sodomy;* he has collected four cases of it.

"Several decisions of the Supreme Court," says Tardieu, "have established the principle that the crime of indecent assault may exist when the husband indulges in acts on his wife contrary to the legitimate object of marriage, provided these acts have been accomplished by the exercise of physical force. . . . Generally, it is only a short time after marriage that men abandoned to these depraved tastes begin to impose

them on their wives. The latter, in their innocence, yield at first; but later, warned by the pain or by information from a friend or from their mothers, they refuse more or less obstinately to yield to acts that henceforth are attempted or consummated only by force."

Pederastic assaults are certainly more frequent on young boys and youths than on adults and older people. The *symptomatology* of pederastic indecent assaults consists exclusively in the description of the signs of anal coitus. Does anal coitus leave traces that can be recognized with certainty? The whole medicolegal question lies there. In this description we shall follow Tardieu's division and examine the following:—

1. The signs of recent anal coitus, consummated only once or a small number of times: the *acute assault,* in other words.

2. The signs of habitual and inveterate anal coitus: the *chronic assault* or *habitual passive pederasty.*

Acute Pederastic Assaults.

The syndrome that affirms this kind of an assault is the following:—

(*a*) *Local and distant traumata.*

(*b*) *Presence of semen.*

(*c*) *Transmission of venereal diseases.*

(*a*) *Local and Distant Traumata.*—The acute assault generally leaves its mark at the anus by *local traumatic lesions;* the more the force that has been used and the greater the disproportion in size between the penis of the violator and the anus of the victim, so much the more extensive and well defined are these lesions. Consequently it is in children and in direct proportion to their age that the trauma will be most marked, for the penis of an adult can penetrate in such cases only by a brutal effort at intromission.

In the adult traumata are less and less frequent; when there is no resistance to anal coitus it is minimal or entirely absent; the sphincter yields, in fact, in such cases, and the penis penetrates without difficulty. It is well known that a German surgeon, Simon, by obliterating the resistance of the sphincter by chloroform, has been able many times to pass the

entire hand into the rectum in order to explore the abdominal organs, and without producing the slightest tear of the anus.

It should be remembered also that traces of local traumata disappear very rapidly, in *slight cases* in two or three days, Tardieu says. The local traumatic signs consecutive to anal coitus are either *objective* or *functional.* The objective signs are:—

Redness of the region.
Tears.
Infundibular deformity.

There is nothing special to be said about *redness.*

Tears in the region of the sphincter are more or less numerous and deep. In some cases these tears may extend for a great distance. Coutagne saw a tear in a little girl, as the result of a pederastic assault, that connected the anus with the vulva, and only stopped at the anterior half of the hymen. W. Johnston and after him Lacassagne have often seen these tears occupying a uniform position. "The tearing always takes place *on the median line,* near the raphe, at the two points when the mucosa is particularly adherent (Lacassagne)."

The infundibular deformity of the anus, that is to say, the anus drawn upward and forming a depression like a funnel with the small end inward, was a sign that Tardieu considered characteristic for habitual pederasty. We shall see later what this assertion is really worth, but it has been established that this sign may be found after a single anal coitus. Here are the proofs:—

Casper had occasion to examine an individual of sixteen years whom a house painter had induced to sleep with him and forced him to submit to anal coitus. Casper saw him five days after the assault, and found a recent tear, two lines long in the anal mucosa, and a *depression of the buttocks in the form of a funnel toward the anus;* the examination of the region was extremely *painful.*

Dr. Brouardel, in the noteworthy comments that he has added to the French translation of Hofmann, is also explicit on this point. When a single recent assault, he says, has been committed on a young boy, for example, the anus is drawn

upward and the buttocks form a funnel with the anus at the tip.

The way in which this anal infundibulum is formed is very simple; it will be described below. The infundibulum *becomes more pronounced* under the influence of the pain attendant on the investigation, and by the emotion and fear caused by the examination, etc. . . .

To these three objective signs of acute pederastic assault, Coutagne adds the *permanent enlargement of the anus.* In reality this is rather a sign of habitual passive pederasty. However, an observation of Dr. Espallac's, of Carcassonne, reported by Tardieu, proves that anal coitus committed only twice may, in fact, result in paralysis of the sphincter, and so support Coutagne's statement up to a certain point.

"It was a case," says Dr. Espallac, "of a young girl of twelve years who had been subjected to anal coitus by a syphilitic man. The assault, according to the child, had taken place only twice. She *had lost a good deal of blood,* and from that time fecal matter and flatus had been imperfectly retained. It was this latter fact that led to the discovery of the crime, the child having accused a man of having put her in that condition.

"The child was submitted to my observation *two months after the act occurred.* Here is what was found: the anus examined without separating the buttocks or on separating them only slightly exhibited no infundibulum, properly speaking; but on separating the buttocks *radial* folds *disappeared,* and you looked at once into the depths of the anus."

This symptom, very unusual in fact in an acute assault, did not fail to trouble Dr. Espallac considerably, and he wrote to Tardieu, submitting the following observation: "According to your book and all the authors whom I have at hand, paralysis of the sphincter occurs only as a result of the abuse of pederastic acts. Here the intromission of the penis into the anus took place only twice, and, nevertheless, there is paralysis." Tardieu concluded that there was certainly ground for admitting that dilation of the sphincters may occur after a small number of assaults.

Next, a word concerning *functional signs* in acute peder-

astic assaults. They consist of *heat, pain* and *burning* in the wounded region. These sensations are spontaneous; they are naturally aggravated by walking, defecation, and touching the rectum.

Concerning *distant traumata,* we shall say only a few words. There is, of course, in this matter, *an analogy between all assaults on the person:* rape, ordinary indecent assault, pederastic assault. Sometimes the only object of these traumata is to overcome the *resistance* of the victim,—this is the case especially with adult subjects,—and they consist in ecchymoses, in imprints of finger-nails, on the well-known places of election (about the mouth, the arms and the thighs). Sometimes the violator goes to the point of crime and *strangles* or *assassinates* his victim in order to put the accusing witness out of the way. Sometimes, finally, he falls furiously upon his victim, impelled by sadistic madness, and inflicts an incredible series of mutilations in a savage orgy that often ends in death, either at once or soon after.

(*b*) *Presence of Semen.*—This sign is naturally a very valuable one; it is the irrefutable proof that the act has been accomplished. The semen may be found at the anus, on neighboring parts and also on the clothing of the victim.

The investigation within the *rectum* (rectal ejaculation) is much more difficult. In a case for which I have not been able to find the bibliographical reference, a case that concerned a very recent assault, the expert had the original, but very rational, idea of having an irrigation given, and in the washings he was able to demonstrate spermatozoa.

(*c*) *Transmission of Venereal Diseases: Syphilis, Soft Chancre, Gonorrhea.* — The presence at the anus of one of these affections in a subject who claims to be the victim of a pederastic assault constitutes an excellent sign of anal coitus when we find these affections or traces of them,—with exact correspondence in time,—on the penis of the accused, and when the facts present themselves according to the circumstances that we shall mention as we study separately each of the transmissible diseases.

A. Syphilis.—Keep well in mind that a single syphilitic lesion is significant and capable of proving an infecting anal

intercourse, with such limitations as we shall mention elsewhere, and this lesion is the primary lesion, the *indurated chancre.*

The presence about the anus of secondary lesions, such as *mucous patches,* has *no value,* for anal mucous patches are a commonplace phenomenon of secondary syphilis no matter how the patient may have acquired the disease, whether genitally, perigenitally or extragenitally. A tertiary lesion occurring at the anus has, with still greater reason, no value whatever.

The reason why an indurated chancre, the primary lesion, at the anus can signify a syphilitic infection due to impure, anal contact lies in the fact that, according to the well-known law of special pathology, the indurated chancre appears at the point where it was inoculated and there only. But even here a distinction comes in, a very important distinction, as we shall see: the medicolegal value of an indurated anal chancre, so far as pederastic assault is concerned, *is very great in a male subject, much less in a female subject.*

In *men* the anal chancre is rare. Dr. L. Jullien, in the second edition of his *Traité des maladies vénériennes,* was able to find, out of a total of 2171 indurated chancres taken from various syphilographers, only 19 anal chancres, or one for every 119. The anal chancre in the male is situated either at the anus itself (and this is most common) or in the region about the anus (about half as common), or, finally, in the most inferior portion of the rectum, in the neighborhood of, but a certain distance from, the anus itself; the rectal chancre is the rarest.

Is every anal chancre in the male due to an impure and infecting anal coitus? Dr. Jullien, whose interesting statistics we have quoted above, believes that we can reply in the affirmative. Tardieu himself has given the following statement, a statement that ascribes a very great value to the anal chancre as a sign of passive, anal coitus. "The circumstances in which a primary lesion of the anus develops without there having been intercourse contrary to nature are *exceptional.*"

Dr. Fournier, in his excellent *Leçons sur les chancres extragénitaux,* is much more reserved, and has formulated his opinion thus: "In the male an anal chancre establishes a real

presumption in this sense (contagion through anal coitus), but nothing more; nothing beyond a presumption, for such a chancre can arise, and arise very surely, *in a certain number of cases,* from some very different cause than abnormal intercourse."

What are these causes? In the case of some anal chancres in the male the inoculation is certainly made by a mouth infected with primary or secondary syphilis; we need say no more. In other cases the inoculation is by the *fingers.* Example: "a subject carries his fingers impregnated with infected pus to his anus or his penis; very naturally he may inoculate himself with the disease at these points," says Dr. Fournier. It was in this way that one of the patients of this physician contracted simultaneously in the same night a chancre on the penis and a chancre at the anus; he had intercourse with a girl affected with vulvar mucous patches. Now he remembered that at the time of this intercourse he had been suffering for several days from a perineal eczema that itched a great deal and made him scratch himself; it is very certain that he inoculated his anus by scratching the affected region with his fingers soiled with vulvar secretions.

These cases, where an anal chancre may result in the male from other causes than anal coitus, should impose upon you the greatest prudence in your medicolegal conclusions; but, on the other hand, remember that the true cause of anal chancre in the male is indeed most ordinarily, most frequently, contact with an infected penis. And the admirable book by Dr. Fournier supplies us with a typical proof that we cannot pass in silence. The rarity of anal chancre in the male in occidental countries, where pederastic coitus is the exception, contrasts strangely with its frequency in the countries of the Orient, where pederasty flourishes in all its splendor. In a total of 42 extragenital chancres observed at Constantinople by Dr. During within the space of eighteen months, 31 were anal chancres, that is to say, 74 per cent.

The anal chancre *in women* is, as we have said, far from possessing the same medicolegal value as the anal chancre in men. We should almost suspect this to be the case; it is merely necessary to read the statistics of this lesion in women.

Dr. Jullien has found, in fact, 39 anal chancres out of a total of 473 indurated chancres in women, that is, 1 to 12. This shows that the anal chancre in women may almost be said to be very frequent, and that its etiology must be much more extensive than that of chancre in men, and such, in fact, is the case. In women we must take into account a very frequent method of inoculation with the syphilitic chancre, a method that certainly has no connection with a venereal origin, and that consists in the contamination of the *anus by the vulva.* This transportation of the contagion to the anus takes place through the discharge of the secretions coming from the vagina. "A woman, after having connection with a man whose penis is diseased, washes her vulva and even gives herself an injection," says Dr. Fournier; "there are good reasons then that the vulva and vagino-uterine cavity will escape infection. But I assume (and how could it be otherwise) that during or after coitus infected fluids are spread over the perineum and the anus. Will a simple lavage penetrate the folds of the anus? . . ." And thus many anal chancres in women are to be accounted for.

We have now established the medicolegal value of the anal chancre in the two sexes respectively: *in men it implies the presumption of relations contrary to nature, but only a presumption; in women in no way does it imply this presumption even.* To conclude this part of the subject we should mention a sign due to Tardieu. The learned professor insisted much on a proof that, according to him, could produce very important results.

This proof is the *comparison* of the victim attacked by an anal chancre on the penis, or traces of a chancre or a secondary infectious lesion, placed so as to correspond exactly with the primary lesion that the victim bears at the anus. Tardieu called attention in this connection to the fact that the lesions, the infecting and the inoculated, appear *in general* when the case is one of pederastic assault on the same side on the active or infecting organ (the penis), and the passive or inoculated organ (the anus); this is the opposite of what we observe *in general* in cases of infection from normal sexual relations, and this is explained sufficiently by the different positions

habitually adopted in normal coitus and in anal coitus or coitus contrary to nature. Tardieu's sign is very interesting, but beware of the simple, possible *coincidences* that deprive it of a large part of its value.

It is scarcely necessary in closing this medicolegal study of the anal chancre to repeat that all the rules of conduct that we have traced in connection with rape naturally find an application here. In the *diagnosis of anal syphilis* in the victim observe the greatest prudence, the greatest reserve; above all never diagnose syphilis from the chancre alone, though it may seem to you never so evident; wait until the normal development of the disease has brought the secondary signs without which you have no right to form a conclusion.

B. Soft Chancre.—We shall be brief concerning the transmission of the soft chancre, an affection much rarer than the syphilitic chancre. The lesion is more frequent in women than in men, since in women we find one anal chancroid for every eight, and in men one for two hundred, and from this you *can draw the same conclusions as for syphilitic chancre.*

C. Gonorrhea. — Anal gonorrhea is more frequent in women than in men, according to Jullien. In women it could not have great medicolegal significance, since it is ordinarily consecutive to vaginal gonorrhea; it might, however, arise directly from an intercourse contrary to nature. In men rectal gonorrhea of pederastic origin is so rare that Tardieu declares he has never seen a case, and he even considers that its existence is insufficiently established. Hecker, and especially Rollet (quoted by Jullien), say that it is more frequent. Rollet has observed cases, sufficiently numerous, in men and in children who admitted that they had been the victims of pederastic acts. The question does not appear to be settled.[1]

To conclude, acute pederastic assaults may leave clearly marked traces in many cases; *tears of the anus* and the *indurated chancre* implanted on the anal mucosa are the two most significant signs. The acute pederastic assault is, then, one of

[1] Dr. Albert Moll, of Berlin, in his scholarly work, "Die konträre Sexualempfindung," 3d edition, p. 238, says that gonorrhea of the rectum may result from anal coitus and mentions a case that he himself has seen.—A. W. W.

those that can be diagnosed; it will be seen that habitual, inveterate anal coitus has a much obscurer symptomatology.

Habitual, Inveterate Anal Coitus.
(Passive Habitual Pederasty.)

Habitual passive pederasty is met with under two different circumstances: Sometimes and rarely habitual passive pederasty is *tolerated,* but *not approved;* it is a case of chronic pederastic assault. Sometimes and most often there is complete consent; it forms part of a circle of homosexual practices of which we shall later give a detailed account. The signs are the same in either case, but only the first is of *medicolegal consequence.*[2] Examinations in the case of habitual passive pederasty are rare; they were frequent formerly in Tardieu's time, but it was for truly exceptional causes and quite apart from purely medicolegal reasons. Habitual pederasts are numerous. To be sure they often come into conflict with the law, but it is not for their pederastic vice that they have to answer, since pederasty that is *consented to* and practised in *places that are not public* is not a violation of the law, at least of the French law.

This distinction established, let us come to the signs that reveal habitual passive pederasty,—signs that will enable you, if the case occur, to establish medicolegally the existence of pederastic assaults repeated on a subject. Know, in the first place, that there are inveterate passive pederasts,—whether voluntarily or involuntarily,—whose examination will be *absolutely negative.* Tardieu notes this expressly.

But, as a rule, habitual passive pederasty leaves some significant traces; it has its signs, which, if we believe the celebrated study that Tardieu has made of inveterate pederasts, would be as numerous as significant. But it appears that Tardieu allowed some play to his imagination, and we ought not to accept, without making some striking omissions, Tar-

[2] While this is true in France we find that the laws in England and in most of our States make the act criminal when there is consent as well as when there is not. See Appendix to Chapter I.—A. W. W.

dieu's pederastic syndrome. This *syndrome* is as follows. The inveterate pederast exhibits:—

(*a*) *Excessive development of the buttocks.*

(*b*) *Infundibular deformity of the anus.*

(*c*) *Relaxation of the anal sphincter* resulting in the *disappearance of the radial folds* of the anus, the *permanent opening* of this orifice and the prolapse of the rectal mucosa.

(*d*) *Various anal ulcerations and hemorrhoids.*

(*e*) *Various venereal affections of the anal region.*

Let us make a critical examination of this syndrome, which has long been accepted, thanks to the indisputable authority of its author, but which is, nevertheless, far from being of equal value in all its parts, as we shall see.

Excessive Development of the Buttocks.—"Many passive pederasts," says Tardieu, "exhibit an excessive development of the buttocks, which are *broad, projecting, sometimes enormous, and in shape completely feminine.*" The celebrated expert has, however, demonstrated the value of this sign himself by adding immediately that this condition is *far from being constant,* and that he has often noted *a conformation exactly the opposite.*

Infundibular Deformity of the Anus.—Cullerier was the first to draw attention to this sign, which was destined to acquire with Tardieu a capital importance and became almost pathognomonic of habitual pederasty. We have already described above, in a few words, the infundibular anus, but we will recall the description again.

When we view the anal region of a subject who bears this deformity, we see a sort of funnel whose broadest part is bounded by the edge of the buttocks, and whose narrow portion is extended beyond the anal orifice as far as the sphincter, which has been forced in and reduced to a simple ring, and more or less completely closes the entrance to the intestine. The funnel is more or less broad and deep according to the embonpoint and projection of the buttocks of the subject.

If we adopt the views of Tardieu the method of formation of the anal funnel in pederasts on whom anal coitus is repeated is very simple: the penis gradually pushes back and separates the parts in front of the anal sphincter, which, because of the

resistance that it offers, becomes the apex of the infundibulum. It must be admitted that Cullerier's sign has not been received with the same favor by all authors as that which Tardieu accords it. More than one expert physician, and they are not among the least distinguished, has refused to grant it the significance that Tardieu ascribes to it. Among these physicians we may cite Jacquemin, Collineau, Parent-Duchâtelet, Devergie, Hofmann, Casper, etc. "We cannot urge physicians too strongly to be on their guard concerning such conditions of the anus and the buttocks," says Devergie, in speaking of the infundibular anus.

Hofmann says that the flaccidity and infundibular depression of the buttocks have no value, for *old women* and those who are *thin* exhibit all these signs, and that the buttocks may be *normal* in *vigorous young people who are addicted to habitual passive pederasty.*

Casper affirms that he has found the infundibular anus in men advanced in years and quite above all suspicion. It should be noted that though the Berlin professor does not admit the Cullerier-Tardieu sign, he accepts as pretty significant of habitual passive pederasty what he calls a *depression of the buttocks in the form of a funnel toward the anus;* now that is an infundibular anus in which the anal orifice shares; it is a variety, if you please, but merely a variety.

It appears to be clearly established by all the studies and controversies to which Tardieu's description has given rise that the infundibular anus or its variety, the funnel-shaped depression of the buttocks toward the anus, occurs under rather varied circumstances. It is found:—

1. In passive habitual pederasts, but not in all.

2. As a result of a single acute assault or of anal coitus practised a small number of times; the proof of this was given above.

3. In subjects, finally, who have clearly no pederastic vice, either chronic or acute.

If this phenomenon is so insignificant it is because it does not possess the *very special pathogenesis* that Tardieu ascribed to it, but that it results merely, as Dr. Brouardel has determined, from a *contracture of the levator ani,* a reflex con-

tracture determined especially by lesions of the mucosa in the region of the sphincter. Such lesions may exist in the case of a single anal coitus just as in cases of habitual passive pederasty. In the first case they consist of fissures or tears; in the second there are also ulcers, fissures, and, further, a chronic rectal catarrh on which Hofmann has rightly insisted.

But you will readily agree that anal coitus, whether single or habitual, *is not the only determining cause* of alterations of the mucosa of the sphincter, and that, consequently, passive pederasts, whether casual or inveterate, cannot be the only persons who exhibit the infundibular anus which may be present in subjects *affected with an anal lesion of any origin whatever.*

Finally, it must be admitted, on the other hand, that contracture may appear, that the reflex may take place, in other words, in persons who have never been the subjects of anal coitus and who, *besides, have no lesion of the anal mucosa; emotion alone* is sufficient to excite the reflex. And that is why you may perchance find an infundibular anus in persons beyond all suspicion; *emotion, fear,* may determine the muscular *contracture* at the moment even when you separate the buttocks to examine the anus.

The question now is, must we admit that there are cases where, in spite of a single anal coitus, in spite of habitual passive pederasty, in spite of anal lesions of any origin whatsoever, there is no infundibular anus, and that these cases are far from being rare? I believe we must. It is possible that neither a single coitus nor repeated acts of coitus may cause the least anal lesion; hence there is no reason for a reflex contracture, and so no anal infundibulum. Even with the presence of mucous lesions, no matter what their origin, we can, as Dr. Brouardel has done, explain the absence of an infundibulum. In the first place, the contracture may have existed and then at any moment be replaced by paralysis; hence the disappearance of the infundibulum.

Further, the contracture may be absent through lack of *excitability in the muscle,* if we may so speak; there is, indeed, a lesion of the mucosa and the reflex is started at one of the extremities of its arc. But the muscle at the other extremity

receives the impulse without succeeding in being excited. What passes in such a case Dr. Brouardel has compared to the conditions in which there is a *painful fissure of the anus.* This occurs especially in young subjects and in young women; it is not that these young subjects and women are the only subjects of fissure, but in them alone develops, under the influence of an excitable nervous system, the painful contracture of the sphincter.

It is the same with the infundibulum. The muscle does not always respond to the reflex stimulus; it responds especially in young and excitable subjects, and they are, in fact, according to Dr. Brouardel, those in whom the anal infundibulum is most frequently seen. It is clear, then, that this theory of the infundibular anus, as a function of muscular contracture, easily supplies the key to the various phenomena that the condition presents, though they are apparently contradictory.

It is possible, it is even certain, that these matters do not have the schematic simplicity with which we have presented them; but in every case, remember the following formula that is beyond all dispute, since it is based on facts: *the infundibular anus is certainly found in inveterate passive pederasts, but it is not constant in them; it is found, further, in victims of single pederastic assaults, and in people who have never experienced anal coitus at all.* Tardieu was certainly wrong when he wished to make this sign a symptom pathognomonic, or nearly so, of chronic habits of passive pederasty.

Relaxation of the Anal Sphincter.—This is a good sign of habitual passive pederasty on which all authors are agreed. The relaxation of the anal sphincter produces several consequences and gives rise to several symptoms that represent successive degrees of laxity of the sphincter.

The first degree consists in the *effacement of the radial folds about the margin of the anus,* the sign of Zacchias, the author who long ago gave an excellent description of it. Casper and Tardieu are agreed in attributing great value to this sign, which it is not necessary to describe since the expression explains itself.

Then comes the *permanent dilatation of the anus.* The

mucosa of the lower portion of the rectum, says Tardieu, collects at the anal orifice so as to form a thick projecting pad. Sometimes it consists of folds resembling carunculæ or excrescences that at times simulate the vaginal labia minora of women. These excrescences are the crests, the *mariscæ*, that the descriptions of the satirical Latin writers have celebrated.

Carried to a still higher degree the anal orifice becomes a *gaping hole*, sometimes very broad, marked by a circular ring with *no contractility and no projection*. It seems unnecessary to add that such a condition results in *habitual incontinence of fecal matter*. But in connection with this symptom it must be borne in mind, in order to avoid grave errors, that *on the cadaver, the natural relaxation of the anal sphincter easily produces the gaping of the orifice;* the permanent dilatation of the anus has no significance and no value except when demonstrated on the *living subject*.

Ulcers, Rhagades, Hemorrhoids, etc.—It is very certain that habits of inveterate passive pederasty produce profound ulcerations, fistulæ of the anal region and hemorrhoids, but there is nothing in any of them that is pathognomonic or characteristic, as we have noted. Hofmann has drawn attention to the frequency of *chronic catarrh* of the rectum in passive pederasts.

Anal Venereal Diseases.—We have already spoken of the value and the significance of these lesions (indurated chancre, chancroid, gonorrhea), and we need not repeat.

One circumstance alone should be mentioned that has no opportunity to occur in an acute pederastic assault; this is the infection of the active pederast by the passive pederast who is afflicted with a primary or secondary syphilitic lesion situated at the anus; in this case the comparison of the two individuals may be very valuable.

To sum up, then, after this critical examination, we find ourselves very far from Tardieu's statement that, as a rule, the diagnosis of passive pederasty is easy; out of 273 real or so-called passive pederasts whom he examined, he found only 22 negative cases.

Today we should certainly make our conclusions with much more reserve, for there seems to be only a single case in which

we may speak with assurance; that is when we find before us an anal orifice opened in a permanent fashion, lacking radial folds, deformed by projections of the mucosa and ulcerated in places. That is characteristic and that alone, but also how rare, even in inveterate pederasts who admit their practices.

Casper has reported a celebrated affair of pederasty of which the Count of Cayus was the hero; after twenty-five years of passive pederasty, the acts repeated two or three times a week, he presented the following lesions: buttocks flabby and thin, gaping *like a funnel;* obliteration of the folds about the anus; appreciable enlargement of the anal orifice; no prolapse of the mucosa, no tears, no cicatrices of the sphincter. And Casper adds: and that is all there was to see on this old pederast.

In this same affair the examination of another pederast, fifty years old, who admitted inveterate passive practices, only the following results were obtained: no flabbiness of the buttocks, no enlargement of the anal orifice, no tears of the sphincter, no prolapse of the rectal mucosa, no hemorrhoids. There was, in fact, nothing but a depression between the buttocks in the form of a funnel toward the anus, and the absence of marginal folds. Without the explicit admissions of this individual it would have been difficult for the expert to charge him with habitual passive pederasty.

And so, as a final counsel, and to end this study of habitual passive pederasty, remember, except in self-evident cases, to observe the most prudent reserve in your conclusions in affairs of this sort.

We cannot leave the subject of pederastic assaults without saying a word on a subject that Tardieu has taken up and studied with a certain wealth of details; it is the subject of the method of recognizing and discovering the habits of *active pederasty* in a subject. We know how to recognize a passive pederast by examining the anus, somewhat less easily, to be sure, than Tardieu; can we, as he did, recognize an active pederast by *examining his penis?*

Here are the signs established by Tardieu: in the inveterate active pederast there are *characteristic modifications* in the *size* and the *form of the penis,* the organ concerned in active

pederasty, just as there are modifications of the anus, the organ concerned in passive pederasty.

(*a*) In *size*, Tardieu says, the penis is either very slender or very voluminous. Slenderness is the very general rule; a voluminous penis is a very rare exception. But in every case the dimensions are excessive in one sense or the other.

(*b*) *Form.*—This is the important sign, *truly characteristic.* The penis usually seen in pederasts is small and slender, diminishing considerably in size from the base to the extremity, which is very slender, like a glove-finger, and recalls the *canum more.* This is the usual and pathognomonic form. In the rarer case of the voluminous penis, the entire organ no longer decreases in size from the root to the extremity; the glans, constricted at its base, elongates, sometimes out of all proportion, *so as to suggest the muzzle of certain animals.*

Not content with having discovered these two signs, Tardieu invented still a third, applying specially to the penis of the voluminous variety with the drawn-out glans; this sign is the *torsion* of the penis *in its length,* so that the urinary meatus, instead of looking directly forward and down, turns obliquely to the left or the right. "I have seen," says Tardieu, "the dorsal side of the penis turned completely to the left so that the meatus became transverse." The mechanism of this torsion is very simple: the resistance of the anal orifice, proportional to the volume of the penis, makes it impossible to effect intromission except when the penis executes a movement like a screw or a corkscrew, which makes its impression and becomes permanent through repetition of the act.

The signs of *active pederasty* invented by Tardieu have met with little favor, and Tardieu has found no echo except in the testimony of a prostitute, which he records with satisfaction. This girl had been the victim of attempts at anal coitus on the part of a pederast, and she testified to the judge in her deposition that in this individual the "member was very small, slender and drawn out at the end." And Tardieu congratulated himself on such a support to his views coming from a girl *whose eyes were experienced.*

All this, it must be admitted, is very inadequate. Medico-legal specialists, who establish authority, whose eyes are, with-

out doubt, as experienced as those of the prostitute of whom Tardieu speaks, and whose judgment is more reliable, these men have risen up unanimously against Tardieu's doctrine. Casper has made a criticism of it as severe in its form as it was justified in its foundations.

It should be mentioned further, that on this subject of unnatural relations Tardieu had a somewhat inventive imagination. Did he not describe in individuals making a business of pederastic prostitution, and men particularly given to certain well-known buccal maneuvers: "a crooked mouth, very short teeth, thick lips, everted, deformed, entirely in accord with the infamous use that they served"? The wearing away of the teeth, the eversion of the lips through active buccal intercourse, —this seems to exceed the measure of imagination permissible in legal medicine.

CHAPTER XI.

FALSE ASSAULTS.

False assaults on children; rape blackmail; calumnious charges for the sake of revenge.—Illustrations taken from Fodéré, Bayard, Fournier.

False accusations made in good faith, and resting on the presence of a vulvitis in the child: suggestions to the child by the mother.

False accusations invented by the child, either consciously or unconsciously; cases of Lasègue, Fournier, Bourdin, Lacassagne, Motet.

Means of proving that the accusation of assault on the child was false.

False assaults on the adult.—Accusations from a vulgar motive and false accusations coming from a hysteric.—The hysteric lies at times consciously and at times unconsciously, and in the latter case it is an instance of hysterical hallucination.—The conscious lie is much the more frequent; case of La Roncière, of Merland, etc.

THE present chapter will be devoted to the question of *false assaults,* in other words, to *false accusations of rape and of indecent assault.* Nothing is more common in this matter than complaints that end in being dismissed: it can be said that in France from 60 to 80 per cent. of the accusations made are recognized as unfounded, either before the examination even or after the examination. Ask all of the experts of the present day and all will tell you that the immense majority of the commissions that they receive in matters of rape or indecent assault end in negative conclusions, and for my part I can assure you that it has always been so in my practice.

And do not believe that this is a state of affairs peculiar to France. Taylor says that for one real case of rape brought to trial before the English courts there are at least twelve false accusations. If it is the same everywhere, if everywhere the number of *false assaults* exceeds, and by a good deal, the number of real assaults, it is because these false assaults obey *certain psychological laws* that are bound to exist, and, in fact, are nowhere absent. In order to understand the ***mechanism,*** as varied as it is interesting, of false assaults, they must be studied separately in children and in adults.

False Assaults in the Case of Children.

They are of very diverse categories, and it is difficult to give a clear and precise classification. Let us confine ourselves, then, to sketching some of the principal types and establishing them by actual cases in demonstration.

A. Here, in the first place, is a type unfortunately too common. Some persons intimately associated, as a rule, with the daily life of the child, often the father or mother, produce by some appropriate trauma, vulvar lesions on the child, and these *artificial* lesions become the basis for an accusation directed against such and such a person. A slight *variation* of this type is the following: no lesions are produced, but advantage is taken of such as actually exist for one reason or another (vulvitis, as is well known, is a commonplace affair in children), and then some person or other is accused of being the criminal author of the vulvitis.

In this category of cases we have to deal, then, with an *accusation knowingly calumnious;* the basis for the accusation is a vulvitis whose previous existence is taken advantage of with an infamous object in view, or that has been artificially produced for the same purpose, a still more villainous procedure. The motive for these false and horrible accusations is varied. One group of them merits the expressive name given them by Dr. Fournier of *rape blackmail.*

In these cases some rich individual is chosen; it is so arranged that the child is left with him for a time. Then if the child has a vulvitis, the said individual is accused of being the criminal author of it; if the vulvitis is absent, it is produced artificially, and then the accusation follows. One of two things results: either the unfortunate, accused individual yields to the *blackmail,* and though innocent, pays to hush up the disagreeable affair, or he resists, and then the thing is carried to the limit of the scandal: legal proceedings, claims for damages, etc., all of which the vile blackmailers can push to the limit without losing anything.

In other cases, and very often, too, the motive for the calumnious accusation is *revenge.* Even that is not all; there are cases of false accusation brought with a view of getting

rid of a husband, or a too troublesome brother (Brouardel), etc.

Such are the rôles of the *slanderers* in cases of this sort and the motives that actuate them; it remains to examine the rôle of the child. It is clear that the child must be taken into account, for judges and experts will question her. *Consequently she has been taught her part,* and on being questioned the child will repeat by heart a story manufactured out of whole cloth by the accusor, a story that will be *invariable* in all its parts, in all its details; a story that the child will reproduce with a *fidelity* and a *uniformity of expressions* absolutely significant to one who knows how to mistrust the pretended frankness of childhood, a frankness of whose value we shall later have occasion to speak. In some rare cases, badly arranged, the child is not prepared for the false story.

Knowing now the outline of the procedure, it is time to fill it in with appropriate examples. The first shall be taken from Fodéré, and will show you that false assaults are not contemporary inventions; if they have been perfected,—and you will have proof of this fact,—they were invented at least long ago.

Fodéré reports that a woman accused several individuals of having raped her child, aged nine and a half years. The expert showed that this accusation had no foundation. The genital organs of the child were healthy; but there was noticed on the superior portion of the vulva a red circle, of recent origin, as large as a silver half dollar. The woman herself had bruised her child to form a ground for her accusation, whose motive was *blackmail.*

Here is a case of Bayard's[1] that he calls: *Accusation of rape on a child of three years. Excoriations produced artificially. Imitation of seminal stains.* "A woman entered a complaint with the Police Commissioner that her little girl, aged three years, had been raped by one of the apprentices of her husband, a boy of sixteen years. She showed in support of her statement the clothes of the child, which were spotted with blood. There had been, this woman claimed, an

[1] Annales d'hygiène et de médecine légale, t. xxxviii, p. 218.

attempted introduction of the penis and then friction with a piece of wood."

On examining the child the expert recognized that the genital organs were intact: there was only a cutaneous excoriation, 2 centimeters in extent, on the upper inner part of the left thigh near the labium majorum. The flow of blood, then, must have been very slight. *The child herself gave no information.* The expert, rightly suspicious, soon noticed that the spots of blood soiling the garments presented in evidence (dress, skirt, chemise) were only present on the outer surface: in no case had they completely soaked through the cloth.

"The situation of the spots, their abundance, their form, clearly could not proceed from the excoriation observed on the child. When the mother's attention was called to these facts she attributed the spots to the blood of a rooster on which the child had been sitting. It was easy to demonstrate that in that attitude it would have been impossible for the child to soil her garments in the places where the spots were. Finally, we discovered that this woman had her menses at the time at which she claimed that her child had been raped, and that she wiped herself with the child's clothes in order to spot them with blood and so furnish evidence in support of her statements."

Neither the accusor cited by Fodéré, nor the one cited by Bayard, was clever; the piece was badly staged and collapsed immediately. The following case, a truly typical case, coming from Dr. Fournier, displays a more experienced art. Here the false assault, whose motive was blackmail, was put on the stage by a master hand; you may judge from Dr. Fournier's account:—

"A young child of about eight years was admitted to the wards in my charge. She was said to have been the victim within a few days of a criminal assault. The guilty person, they said, was a man of a certain age, rich and of irreproachable antecedents up to that time. He was already imprisoned at Mazas, despite his formal denials.

"I examined the child and found on her lesions of great severity. The vulva presented all the symptoms of a violent

and very acute inflammation. She was literally bathed in pus, pus of a green, creamy, gonorrheal appearance. The labia majora, enormously swollen and comparable in form to the quarters of an orange, completely concealed the vulvar orifice. After they had been washed and dried, they exhibited a vivid red color with a bed of confluent purplish erosion points. The labia minora were likewise red, voluminous and edematous, but to a less degree. The swelling and the painful condition of the parts did not allow us to examine the hymen at once; it was not until several days later that we determined that that membrane was intact. Finally, in each groin were two or three ganglia, slightly painful on palpation, of the size of small hazelnuts.

"For the rest, general condition good; apyrexia; the important functions normal. To finish at once with the clinical part of the case, I may say that this acute vulvitis yielded very rapidly to the action of the simplest treatments (rest, daily baths, emollient lotions, local dressings with zinc oxide, gauze, etc.). In the course of twelve or fourteen days the little invalid was completely recovered. But the etiological problem remained to be solved, the reason, the cause of such lesions, a factor that would constitute, from the legal point of view, the capital question and the one that especially interests us here.

"Now, on this point I ought to say at once that from my first examination I had been vividly impressed by the unusual and surprising intensity of the inflammatory phenomena that the vulva of the child presented. To be sure, at that time I had already seen and carefully studied numerous cases of rape or venereal assaults on young children, cases that I know only too well are far from being rare in special hospitals; and never, emphatically never, had I seen anything similar to what I had here before my eyes. I had never encountered in similar circumstances such a state of the vulva, such an exhibition of inflammatory phenomena. It should be noted further that it was a question of only a single assault, not repeated, that, according to the child, did not exceed in duration more than a few moments. In short, from the clinical point of view I was struck by the disproportion between cause and effect, and

I could not explain what precisely demanded an explanation, namely, this singular exaggeration of inflammatory lesions.

"My suspicion thus aroused, I questioned the child and tried to make her talk so as to obtain from her if possible some new information. And very soon I obtained from these questions often repeated a noteworthy fact, that the child, in the story that she told of the assault committed upon her, seemed rather to be repeating a lesson learned by heart than relating a fact as she would have told it from her own knowledge if given up to the simple inspiration of her small intelligence. In fact, she always reproduced the story in the same terms repeatedly, with the same inflections of the voice, the same grammatical errors, etc.; in a word, just like children who repeat a compliment or a fable.

"This new and very striking consideration added to the unusual conditions of the clinical symptoms merely served to increase my suspicions, and I asked myself whether we were not the dupes of a fraud, of some lie or other, relative to the asserted origin of the lesions. The affair was serious, since the honor of a man, of a family perhaps, was at stake. But how solve the mystery? How unravel the true from the false and make allowance for both in this obscure affair? I made the attempt, however, telling myself that, after all, with tact, patience, and persistency, I might very well succeed in getting the truth out of a little head of eight years. It was a question of making the child talk and getting the truth out of her. I proceeded by a siege in due form and by the path of the inveigler, pardon the word. I attacked the place by means of sympathy, complaisance, compliment, etc. Some nice things to eat, some pieces of money succeeded in gaining us the confidence and friendship of the little patient. I will abridge my story. A doll that would close its eyes decided my triumph. Conquered by this irresistible munificence, the child ended, with a good deal of difficulty and after a long time, in relating 'that she had never been touched by *a gentleman,* but that her mother on three occasions had rubbed her parts with a *blacking brush,* strongly forbidding her to say anything about it to anyone, threatening to repeat the act if she told,' etc.

"The conclusion of the affair was very simple. Master of

the truth I sent for the mother of the child to come to the hospital; I imparted to her our discovery, adding that if she did not withdraw her charge with the least possible delay, I should be obliged to give a formal account of the story of 'the blacking brush' to the judge. The woman turned pale as she listened to me, did not offer a single word in reply, and left us at once. Several days afterward I learned from the expert that the procedure had been suspended (probably the case was dismissed), and that the affair, medically at least, would have no consequence.

"So our suspicions proved to be absolutely justified. We were not concerned with a case of rape, but rather with an *imitation of rape*. The lesions that we had determined on the child and that had seemed to us so strange, so unusual clinically, were not the result of a venereal assault, but instead of an artificial irritation produced by manipulations of a different kind. And it is very certain, too (although we had no confessions on that point), that the imitation of rape was produced, in fact, with a view to some swindling scheme, some 'blackmail' or other (to use a technical expression), aimed at the individual who was accused as the author of the crime."

To finish with the group of *rape blackmail,* we will cite the following case, which is of its kind the acme of the horrible. A woman, after trying to get money from a wealthy man by accusing him of an assault on her child, gave the child up to her lover, who, she knew, was infected with gonorrhea, so that the accusation in the future could have material basis of fact (Casper).

B. We now come to a new category of false assaults likewise very frequent: the *charge is false, but the accusor acts at least in good faith, and the child in the case plays a rôle partly passive and partly active.* Here is an outline of the facts in such cases:—

A child has a vulvitis; the mother becomes frightened and immediately thinks of an assault, for, as you know, it is a matter of common belief with the laity (and sometimes, unfortunately, in the medical profession as well) that every vulvitis in childhood must be due to criminal procedures. She questions the child, and by her questioning *suggests* to it the

confession and even the story as well of an assault that has never had any existence except in the imagination of the mother, but that the child affirms from various motives: ordinarily from fear of punishment with which she is threatened if she persists in denial; sometimes from thoughtlessness; sometimes from perversity.

Long ago (1824) A. Cooper related in marvelous fashion the scene that takes place between mother and child; the passage has been widely quoted and deserves to be repeated: "From time to time it happens that an impressionable mother becomes alarmed at the discovery of some discharge and suspects that her child has been mishandled. She seeks a physician, who, unfortunately, does not know this disease, and declares that the child has a venereal discharge. . . . What happens in such a case? The mother asks the child: 'Who has been playing with you?' The child answers in all innocence: 'Nobody, mamma; I assure you.' To which the mother replies, 'Oh! don't tell me any such lies; I'll spank you if you do.' And then the child is led to confess what never happened in order to escape punishment. She finally says: 'Such and such a person took me on his knees.' The individual is questioned and denies emphatically. But the child, believing the threats of her mother, persists in her story. The man is taken to court; a physician, who does not know the nature of the discharge, gives his testimony, and the man is punished for a crime that he never committed."

Astley Cooper concludes by saying: "I have seen such cases more than thirty times in the course of my life, and I can assure you that a number of men have been hung in consequence of a similar error."

C. Then we have still another category, which might be designated, *false assaults due to a direct lie on the part of the child*.

In the cases that we have considered thus far, where the charge has been knowingly calumnious or false though made in good faith, the *active* part taken by the child has not been great. In the one case she has learned by heart a story that was a complete fabrication; in the other she has received by suggestion through the questioning of her mother a story that

she has later appropriated without variation. In both cases the child *lied,* but *passively* or *semi-passively.* In the category that concerns us now, things are changed. It is now the child who takes the chief rôle, the active rôle; *it is she who invents the assault in all its details;* she *lies,* and the *motive* for the lie springs from a variety of psychological factors. At times the child *lies* with a *full knowledge* that she is lying; she has invented the story of a false assault with a *deliberate purpose,* either to avoid punishment, or to attract attention to herself in the manner of hysterical adults, or, finally, through perversity.

At other times the child lies, *but unknowingly;* it is, if you please, at one and the same time a *false assault* and a *false lie;* the child has invented the story of the assault, *but believes her story in good faith.* Let us study first some examples of the *conscious lie.* Here is a well-known case of Lasègue's:—

"A shirt merchant was called before the judge on a charge of indecent assault on a child of ten years. He protested his innocence in indignant terms and affirmed that he had not quitted his place of business at the time at which the assault of which he was accused, was said to have taken place. The deposition of the child was there, clear and precise; she repeated it in all its details and the parents confirmed her statements. The magistrate, moved by the attitude of the merchant, a perfectly honorable man, stopped the proceedings and let the affair go no further. But the merchant took up the investigation on his own account; he wished to know why the child had accused him, and here is what he learned following the advice of Dr. Lasègue:—

"The child had played truant from school. She came home later than usual. On her arrival her anxious mother asked her where she had been; she stammered; her mother pressed her with questions, and she replied 'yes' to everything she was asked; it occurred to the mother that she might have been the victim of an indecent assault, and started on this trail, nobody knows why, she proceeded to question the child in that direction, and really prepared her own answers, so that when the father came home it was she who, in the child's presence,

related the story as she had invented it herself. The child remembered it, learned it by heart, let herself be taken to the police, and when they asked her if she knew the house where 'the gentleman' had taken her, she named the house of the merchant, and so the story was complete up to the day when it was possible to reconstruct the escapade and reduce to nothing a fable whose consequences might have been so grave."

In this case we see a conscious lie,—where, to be sure, the parents clearly shared the responsibility with the child,—and the object of this lie was to avoid a merited punishment. In the following case it is again to conceal a fault so as not to be constrained to renounce an agreeable practice, that the child has invented the story of an assault, but this time it is a *pure fabrication without outside interference.*

We take this case from the memoir of Dr. Fournier, who has already supplied us with an excellent case of rape blackmail: A little girl of nine years suddenly exhibited symptoms of a vulvar inflammation, with a yellowish, purulent discharge. Her mother was disturbed and questioned her anxiously. The child said nothing at first, and then, after several days, ended by declaring that she had been "touched" by a man of the neighborhood, who had occasion to call frequently at the house. A complaint was immediately laid before the police and the man was arrested despite his indignant protests. The investigation began. Pressed with questions and frightened by the paraphernalia of the court, the child ended by admitting that she had never been touched by any man, but that it was one of her little companions who indulged almost daily in certain maneuvers on her, which she reciprocated. "It was she who did me the harm," she added (I give her actual words here); "but she told me to be sure to say that it was not she but Mr. X——, since if they knew that it was she they would punish her, and wouldn't let us play together any more," etc.

The following case, taken from Dr. Bourdin, illustrates the hysterical lie, if we may use this expression: the child is simply impelled by the motive of *attracting attention to herself, so as to be the heroine of a striking case.*

"A little abandoned girl was adopted by Mr. and Mrs. X——, highly honorable people. One day Mr. X—— read

aloud the story of a scandal that was making a good deal of noise in a certain city in France. The little girl was present, but was playing with her dolls, and, besides, appeared to pay no attention to what was being said in her presence.

"The husband and wife commented on the story, supposing that the child was incapable of understanding the conversation, which was held in veiled terms. Several days afterward Mr. X—— surprised the little girl in the act of holding her doll and kissing it passionately on the upper part of its legs, which she held wide apart. Mrs. X—— asked the child who could have taught her to do such a thing.

"In no way disconcerted, she replied that she was doing to her doll what had already been done to herself. She declared further, that when she was with her nurse, the nurse's little boy had lain with her and that they had acted like husband and wife. After the little boy his father had come, and then the grandfather himself, and they had taken the same liberties as the little boy.

"A great uproar in the house. The little girl was submitted to an examination by an able physician, who declared that no assault had been committed on her. Questioned and driven to her last retreat, she admitted that there was nothing true in her story, and that she had simply wished *to do like the ladies whom they told about in the newspaper.*"

The following case of a conscious lie, which is taken from Dr. Bernard, is a lie due to real *perversity;* it is in a way analogous to those assassinations where the murderer kills in order to steal a few cents from his victim. It is somewhat to be regretted that Dr. Bernard did not indicate more precisely the source of the case:—

One day in the month of September a man lying on the grass near the bridge of Neuilly saw coming toward him a little girl in rags with a wide-awake face, who asked him for a cent. The man searched in his pocket and said to the child, "Sorry, little one, but I've only got some cakes; here, take them."

The child went away with the man's cakes in her hands, but she was scarcely 100 meters away when a woman cried to a laborer who was working near the bridge: "Have that

man arrested; he has just been mishandling that little girl!" The laborer, thinking that the woman spoke the truth, did as she requested. The man was arrested, taken to Mazas, and several days later condemned to three months' imprisonment for indecent assault. Now this unfortunate man was innocent, and here is what actually took place:—

A woman, named R——, who had a grudge against him, nobody knows why, took the little girl, V—— H——, and said to her: "You see that man lying on the grass? Well, go and ask him for a cent and I will give you seven when you come back." And when the child came back she whispered softly in her ear: "You are to say that the man made you lie down beside him." The little girl, V—— H——, who was extremely vicious, had repeated the statement to the police and later in court, and on the ground of her deposition the giver of cakes was condemned to three months in jail.

However, H——, this was the name of the victim,—was a married man, and he protested his innocence so energetically that his wife undertook a little investigation on her own account. She sought out the parents of the child and imparted to them her doubts and her distress. Mrs. V—— H——, who was a very respectable woman, confessed that her child had given her a great deal of trouble, and that she and her husband had decided to put her in a house of correction. She even admitted that on the day of the trial of Mr. H—— she had wished to address a request for that purpose to the president of the tribunal, but that the woman, R——, had prevented her by saying: "So you don't want this man condemned!"

To conclude,—she took her child aside and begged her to tell the whole truth. Then the little one related the scene at the bridge: she said that she lied to please the woman, R——, and to get the seven cents. Mr. H—— had said nothing improper to her; furthermore, when she reached home, she had confided the whole affair to her brother, who had promised her that he would not tell their parents. They immediately called the little V—— H—— boy, who confirmed the tardy confession of his sister.

Under the title of the Affair of Father Bérard, Dr. Lacassagne has reported a curious story of a flagrant lie on the part

of several children. It was only when the case was appealed that the falsity of the accusation was recognized, and the defendant acquitted. In this case the motive for the lie was not clearly brought out, but the false charge was very characteristic. We borrow the résumé of this affair from the thesis of Dr. F. Rassier, a pupil of Dr. Lacassagne.

Joseph François Barbier, ecclesiastically known as Father Bérard, was, in 1889, accused before the court of Chambéry of indecent exposure. The witnesses were four young girls, of whom the oldest was fifteen years and the others thirteen and fourteen. These young girls affirmed before the court that on the 14th of August, 1889, in the forenoon, they were at the right of and a short distance from the confessional of the defendant and that they had seen that the defendant, whose entire body was in view with his legs stretched out and resting on the cross-bars of a chair, was exhibiting his virile member. They added that his gown was completely lowered but gathered up toward the middle of his body, and that his organs seemed to them to come out of a little pocket.

The act was not confined to a single occasion, for one of them, the girl named Chanu, who had not seen the exposure concerning which her companions made their deposition, maintained that she had witnessed a precisely similar act when the other girls were not with her.

They all affirmed that what they had seen was certainly "a man's thing," as they called it. They were certain of it; there was no doubt whatever, and they asserted further that they were perfectly sure of the movements of the defendant and that there was no possibility of confusion between the indecent object that they had seen and the beads or girdle that he might have been handling under the circumstances.

In view of these catagorical depositions, the court of Chambéry, decreeing in primary jurisdiction, declared the defendant guilty of having, on the 14th of August, 1889, at Pont-de-Beauvoisin (Savoie), committed an offense against public decency. In punishment it sentenced him to six months' imprisonment, to 50 francs fine and to costs. Happily the case did not stop there. The affair came to the court of appeals at Lyons.

Professor Lacassagne, retained as expert, reproduced the scene as it must have occurred, and demonstrated that the young girls either were mistaken or had lied. In his report the learned professor put in evidence the contradictions that had marked, during the several days' interval, the depositions of the witnesses. He then demonstrated, mathematically, from experiments actually made, that it was materially impossible that the penis of Father Bérard should have projected beyond his side opening for a distance of 10 centimeters, even in the erect condition, and so much the less so in the relaxed condition. In fact, after having reproduced on a subject dressed in a gown and of the same size as Father Bérard the scene of the confessional, and after having placed his feet on the rounds of the chair, Professor Lacassagne determined that, under these conditions, the minimum distance that separated the opening of the right side from the root of the penis was from 18 to 20 centimeters. It would be necessary, then, in order that the penis should project 10 centimeters beyond the opening, that it should measure from 25 to 30 centimeters. Now, the average length of the penis is 9 centimeters when in a relaxed condition; it attains a length of 15 centimeters when it becomes erect, etc. Father Bérard was acquitted by the court.

To finish with these cases of *conscious lying*, let us cite the following case for which we are indebted to the courtesy of the examining magistrate, Mr. Albanel. It yields in no point of interest and instruction to those that we have already reviewed, and it presents this feature in particular that the child, if she did not herself invent the assault, made herself a knowing accomplice of a false denunciation and played her rôle to the end with the greatest impudence. Finally, let us add that it was her own father that this child caused to be accused, and accused falsely.

In 1895 Mr. B—— and his wife took into their household a friend who had just lost his wife, a Mr. H——, aged sixty years, and his daughter, Lucie, aged eleven. Some time later Mr. B—— and his wife lodged a complaint with the court, in which they accused Mr. H—— of having raped his own daughter, and of having communicated to her a venereal dis-

ease (syphilis). The charge rested on statements and certificates of physicians. One of them had seen, or was said to have seen, a papula on the vulva of the child; then the other had discovered a sore throat; finally, the child had at the time of the accusation a lesion that was called *syphilitic pemphigus.* At the hearing Lucie H—— unhesitatingly accused her father; he had taken her, she said, for the first time when she was nine years old, and since then he had never ceased to have connection with her either with the penis, or with the fingers or even with the tongue. And the child did not merely accuse him orally, she wrote to a little girl friend and told her all the horrors of which she had been the victim; she wrote to the police commissioner, telling him that sooner than return to her abominable father, she would prefer to kill herself.

Unfortunately for the plaintiffs, Mr. H—— was a man of irreproachable respectability, while they themselves were decidedly unreliable. The examination of the expert, Dr. Vibert, served further to place matters in their true position. He showed that the child H—— had not been deflowered, did not have and never had had syphilis, and that she certainly could not have acquired it from her father, since he did not have it. The case was dismissed.

It was not until several months later that the child,—on the eve of her first communion,—after having always maintained the guilt of her father, confessed that B—— and his wife had fabricated the entire charge, and that she had been their accomplice on the promise that they would give her money and that she might become an *actress* like the girl, B——, who supported her parents by the money that she received from her lovers. The motive that had actuated B—— and his wife to accuse H—— falsely was the wish to appropriate to themselves a considerable sum of money that they owed H——. B—— and his wife were prosecuted and condemned.

Now let us examine the unconscious lie in children. It was studied very carefully by Dr. Motet, in 1897, in the *Annales d'hygiène et de médecine légale,* and in his memoir Dr. Motet has recorded several cases where we find children formulating the most varied accusations all in good faith: one

child claims that he was thrown into the water *when, as a matter of fact, he fell in;* another accuses *himself* of an imaginary crime, etc. Among these varied cases there is one that deals directly with our subject, false indecent assaults: it is as follows:—

"I had," says Dr. Motet, "to examine a child detained in the house of correction whose complaints caused much alarm. He told how someone in the house, whom he definitely named, had entered his cell during the night, had turned him over in bed, and had committed obscene acts upon him. He had seen this person and he showed the place in the cell where his black garments had appeared.

"The next night he was on his guard: restless, he slept badly, waking up suddenly every now and then; the performance was repeated, and the next day he made the accusation, and gave the details in all precision. The explanation was not difficult to find: the child was afflicted with oxyuris and, consequently, with excessive itching about the anus, while the erythematous intertrigo had been caused by repeated rubbing and his sleep had been disturbed.

"The passing of the night watchman on his rounds and the light from his lantern shining through the grating above the cell door was enough to half awaken him. The cone of shadows outside the projected light was mistaken by the child for black garments. The sensation of itching about the anus became transformed into manipulations, and in his young imagination that the life in common in the workshop had already perverted, a story built up *in part of nocturnal terrors and in part of recollections of obscene conversations* had been related with every appearance of sincere conviction."

In the work from which this case was taken Dr. Motet has studied the psychology of these *unconscious lies* in children, and the following lines seem, among others, worthy of special attention.

"When you have to do with a child," he says, "never forget that its young intelligence is always ready to seize the marvelous side of things; that fictions charm it; that its ideas are strongly objective, and that it succeeds with astonishing facility in giving substance to the fictions that come to light in its

imagination; remember that its instinctive curiosity, its need of knowing from every view point the influence that its surroundings exercise upon it,—these dispose it to accept without any possible control everything that comes to it from these varied sources. Very soon it no longer knows what is its own property and what has come to it through suggestion," etc.

You should now have definitely fixed ideas on the *frankness* of children, and you should recall that the saying, *"Truth springs from the lips of innocence,"* is worth about as much as *"There is no smoke without some fire,"* a saying that serves every day to edify and to cause infamous calumnies to be accepted.

Remember, that every time you find yourself as an expert in the presence of a child supposed to be the victim of an assault, you should be on your guard; *distrust* should be, in cases of this kind, the first rule of the examination. In this way you can, in many a case, assist in convicting the false assault, whether the conception of it has sprung from the surroundings of the child or from the child itself, whether the accusation is made in *good faith* or in *bad*.

There are cases in which you will have no difficulty, as, for example, when the affirmed assault has left no signs, or *there is nothing,* and *never has been anything,* on the sexual organs. This is the ordinary condition of affairs in assaults invented by children. In other cases there is a lesion on the sexual organs, a vulvitis, which, existing previously, has served as the basis for an accusation, made either in good or in bad faith,—a vulvitis either produced by the accusor or one that existed as a commonplace lesion at the time when the child invented the lie.

You know, in the first place, that in the presence of a vulvitis you have only one thing to do: state that the vulvitis exists, at the same time *making no statements as to its causes,* which may be various, and which it is *absolutely impossible for you to determine in precise fashion.* Having done this, if it is a case of fraud you will at least not have aided in confirming it and giving a serious basis for the accusation by a careless certification, which is quite outside of the spirit of legal medicine. But even in these cases of fraud you may be able to get

on the track of the false assault and run it down, and that by means of the child's *story itself,* which will help you in discerning the truth.

Remember the following words of Dr. Motet and fix them in your minds: "When the expert," says this learned physician in the work already quoted, "after *several* visits meets with the same terms, the same details, when it is sufficient to *start the child going* in order to hear poured forth in their unchangeable succession the most serious facts, he can be sure that the child is not telling the truth."

In other words, remember well that whether the story of a false assault has been suggested to the child by some one else or whether it is a complete invention of the child itself, it becomes in the child's memory and mouth *unchangeable,* and it is in this *unchangeability itself* that you will have the *proof* that the child is lying.

Once on the right track you can gain ground and end by discovering the truth. Seek to gain the confidence of the child little by little, and at the right moment resort to large measures, as Dr. Fournier did with the doll that closed its eyes; the child will confess the truth and admit the fraud and its source. You may also, by a clever artifice, show up the fraud clearly and take the child in the very act of lying: Dr. Brouardel did this in the following case: A little girl claimed that she had *been touched* by an individual whose name she no longer remembered. Various names were repeated to her, and finally that of a *foreign diplomat.* "Oh yes!" cried the child, "he was the one. Now I remember."

False Assaults on Adults.

The assault in question here is, of course, *rape,* and the accusor, the false accusor, is guided by *two motives*:—

(*a*) Sometimes the fraudulent accusation is dictated by a *vulgar motive,* the desire for revenge, for example, or again the desire in a pregnant girl,—pregnant as the result of intercourse to which she has consented,—to save her reputation by putting her pregnancy to the charge of a forced coitus. These are the two motives most commonly met with, but there

are still others, which it is worth while examining. In short, in all these, we have the *vulgar lie.*

(*b*) At other times the slanderer is an hysteric, and then we have the *false assault on the hysteric, a variety more frequent and more interesting than any other,* and one that we shall consider with all the detail that our space permits.

The first variety will not detain us long; it would doubtless be possible to collect a large number of false charges of rape due to a vulgar motive. We will give merely the following in which a girl who became pregnant and wished to keep her reputation accused one of our colleagues of having raped her. The case is due to Lorain and has been introduced by Tardieu into his book on indecent assaults.

"A girl of twenty years, a laundress, eight months pregnant, was taken care of by a charitable woman who had formerly been a midwife. The young girl appeared worthy of interest; she was weak from the sufferings of her pregnancy, and she claimed that she had been the victim of an odious assault. A very extraordinary circumstance increased still more the pity that she inspired. Although pregnant, she had not been deflowered. The poor girl had been taken by surprise and had become pregnant without having had complete intercourse with a man. The venereal act, on her part, at least, had not been accomplished. There is nothing mysterious in this fact itself. If the hymen leaves an opening too small to be penetrated by the male organ but large enough for the entrance of the semen, and if this fluid is projected forcibly at the entrance of the sexual organs, fertilization can perfectly well take place. Such was the case here.

"Here is the story of the girl: 'I was sent,' she said, 'by my mother, who was sick, to the doctor who usually took care of her. I myself was suffering from chlorosis, and several times the doctor has auscultated and palpated me. I was following, according to his advice, a tonic treatment. This time he no sooner saw me enter his office than he closed and bolted the door; he took me in his arms, threw me on a couch and there I remained completely stunned. I don't know what happened, for I was so agitated and *almost* fainting; besides, he acted very quickly. It took me some time to compose myself,

and, without having an exact idea of the affair, I continued agitated. I saw the doctor again several times after this, but nothing further happened. At the end of three or four months as my periods did not appear and as I suffered more, I induced my mother to send me to the country and to leave me there as long as possible.'

"Such was the story of this girl. It is improbable in every respect. A Paris laundress may be modest and virtuous; but what are we to think of this excessive naiveté, of this very complete ignorance of harm? But supposing we admit this ignorance, we cannot accept this half fainting that allowed an incomplete perception of the facts. It should be said further, that this young girl had never had syncope before witnesses, and that she was not hysterical. She never said anything to her mother or to any other person of the affair, and she went to see the doctor again several times without, as she says, his having renewed his acts. The story, we repeat, deserves no credence.

"What follows was related by witnesses. This young girl was sent into the country. Toward the sixth month of her pregnancy her abdomen was very prominent; the women about her were convinced, despite her denials, that she was pregnant. A midwife was called, but hardly had she placed her finger on the sexual organs of the girl than she declared that the hymen was intact, and that the girl, being a virgin, could not be pregnant. This turn to the affair caused some excitement. The examination was not carried any further; it would, however, have been sufficient to have auscultated the abdomen in order to hear the fetal heart sounds and thus dispel all doubt. This was not done. Fortified by this incomplete testimony, which satisfied her self-respect and proclaimed her innocence, the girl persisted in denying all connection with a man. However, when she returned to Paris and came into the hands of an old midwife who would not be satisfied with words, she had to submit to a more complete examination. The hymen was, in truth, intact, but the uterus contained a living fetus nearly at term. Explanations must be supplied. It was then that the accusation against the physician was produced. I was charged by the court with this delicate inquiry. I, in my turn,

determined the integrity of the hymen, which scarcely permitted the introduction of the little finger; but this fact of a *pregnant virgin* not being without precedents, I did not stop there. I obtained no confession from the girl and I did not press her with questions. The accused doctor was a man of forty years, married, highly respectable. He was not disturbed. The girl was confined of a child, which died shortly after its birth. The facts did not seem to the highly enlightened judge who was directing the proceedings to be of a nature that justified a longer inquiry; he dismissed the case.

"I myself remained convinced that this girl had submitted voluntarily to lascivious caresses that had not been carried so far as to alarm her as to the possible consequences; believing strongly in these precautions and sure that she was a virgin, she had not at first believed that she was pregnant; finally, disabused on this point, she made up a story to exculpate herself."

We now come to the category of *false assaults on hysterics.* We should first note their relatively great frequency; the pretended victims of the majority of false assaults are hysterics. The hysteric, when she invents the story of an assault on her person, obeys two very different psychological motives: in both cases she lies; but in one case she *lies knowingly,* and in the other she *lies unknowingly,* and herself believes her own invention.

A. The case of the *conscious lie* appears to many authors the more frequent, and further it is well known that conscious lying is a common thing among hysterics; it forms a part of their *mental state.* According to a very happy expression of Dr. Janet's, who has studied so well the psychic state of these patients, the hysteric is *afflicted with a narrowing of the field of conscience.* And then the hysteric has one *dominant passion,*—the *desire to occupy the stage* (figuratively speaking), *to attract attention.* Now what more striking than a scene of rape?

The hysteric captivated by this idea soon has it staged with a practised art, and we find her pushing the lie to its very last consequences, maintaining the accusation before the investigating magistrate, at the assizes even, and accepting without a

cry of protest the condemnation that her guilty and conscious invention has inflicted on an innocent man.

Some authors, Dr. Pitres among others, believe on the contrary that the conscious lie is much rarer in hysterics than has been thought, and that it is almost always a case of the unconscious lie, which we shall study presently. The opinion of the learned Dean of Bordeaux appears very debatable for reasons that we will give presently.

In all the medical literature of false assaults consciously invented by hysterics, there is probably none more typical in all its horror than the celebrated affair of la Roncière; you should know the affair in all its details. The account is taken from a book full of curious facts by Legrand du Saulle (*les Hystériques*):—

In 1834 General Baron de M——, commander-in-chief of the Cavalry School of Saumur, was living in that city with his family, which consisted of his wife, still young and beautiful, and two children, a little boy and a little girl, Marie, who was sixteen years old. This girl was the heroine of the terrible affair of which we shall epitomize the principal incidents.

Among the officers of the school who used to attend the receptions at de M——'s residence was a lieutenant of lancers, thirty years old, Emile-Clément de la Roncière, son of a lieutenant-general, but who, on account of youthful follies, had had a quarrel with his family. Marie de M—— complained one day to her parents that the young lieutenant when sitting beside her at dinner had addressed the following impolite remark to her: "You have a charming mother, Miss Marie, but you are unfortunate in that you resemble her so little."

Already, for some time, a flood of anonymous letters had poured into the house; they were found in every corner and some came by post; some contained declarations of love to Mrs. de M——; others outrageous remarks and threats to the daughter. At Paris, in the preceding years, Mrs. de M—— had received similar letters, but had taken no account of them. Soon some arrived signed, with initials so clear (E. de la R.) that Mrs. de M—— informed her husband.

At the same time a letter in the same handwriting reached another officer who was a guest at the general's, a Mr.

d'Est——, and assuming an intrigue between him and young Marie, urged him to compromise her by sending her mother a letter containing a declaration of love, signed Marie de M——, and enclosed in the anonymous letter.

The general himself received a letter in which he was warned that a plot was on foot against his peace of mind, and that his daughter was threatened with dishonor. Further, when Lieutenant de la Roncière was next present at a reception at the residence of de M——, he was ordered by the general not to come again. While the young man in the height of his surprise was trying to find an explanation for the affront that had been inflicted on him by his superior, the de M—— house was, the next day, the theatre of a most dramatic event.

At 2 o'clock in the morning the governess of Marie de M——, hearing cries in the room of her mistress, entered and found her stretched on the floor in her chemise, spotted with blood, a handkerchief tightly tied about her neck, and a cord around her body. Young Marie said that a man whom she recognized as Lieutenant de la Roncière, despite the mask that concealed his face, had entered her room by breaking a pane, had thrown her down, and, after having tried in vain to rape her, had struck her with blows of a knife in her private parts. The parents, not notified until the next day, kept the assault a secret; it should be noted that two days after her wounds Marie de M—— was dancing at a ball; she did not show, even to her mother, the private wounds that she said she had received, and three months afterward a physician, commissioned by the court, could verify only a single cicatrix scarcely visible, three lines in length and one line broad.

Nevertheless the family of de M—— continued to receive letters signed E. de la Ronc——, in which the signer boasted of his crime in the most odious language. Marie came from her dressing room one day holding an anonymous letter full of threats, which she had found there; she fell a prey to frightful nervous spasms; she had hallucinations: "A red man!———The paper!———. They are killing my father and my mother!" she cried. During two days she was in such a frightful state that they administered the last sacrament.

From this time on the court enters the affair; Lieutenant

de la Roncière, who in the meantime had fought a duel with Mr. d'Est——, was imprisoned, and nevertheless the letters signed by him continued to come to the victim, an incomprehensible fact. Thus, coming to Paris in a carriage with her parents, Marie de M——, who on a cold winter evening held her arm out of the carriage window, cried that someone had broken her arm, she had received such a violent shock. At the same time they found beside her in the carriage a rumpled anonymous letter, but in the same handwriting as the others.

The criminal suit began. E. de la Roncière appeared before the court of assizes, defended by Mr. Chaix d'Est-Ange; the parents of Marie de M—— had entered civil proceedings, and their case was supported by the illustrious Berryer and Odilon Barrot. We cannot enter into the details of the proceedings in this case, which interested all France in 1835; we will merely give the facts that are significant from the point of view with which we are concerned.

The counsel for the defendant in his pleading, which may be considered a model of medicolegal wisdom, undertook to bring out the improbabilities, the contradictions and the impossibilities contained in the story of assault as the victim had related it.

The anonymous letters were written on paper identical with that on which Marie de M—— wrote her exercises, paper commercially very rare; and it was recognized by four experts that these letters evidently did not come from de la Roncière, but showed, on the contrary, despite some disguises, numerous points of similarity with the handwriting of Miss de M——. Taking the question into its proper sphere, Mr. Chaix d'Est-Ange, by an insight very remarkable at that time when nervous pathology was still so imperfectly known, concluded that the anonymous letters had been the work of Marie de M——, and that there had been no assault except in the imagination of the young girl, a victim of hallucinations perhaps, who in any case was a prey to a neurosis, doubtless strange, but nevertheless certain. Through the reports of Doctors Bailly, Récamier and Ollivier (of Angers), it was established that Marie de M—— was afflicted with very pronounced spasmodic movements and with morbid affections, which presented

at one and the same time the characteristics of catalepsy and of somnambulism. She had several attacks every day, recurring at a definite hour, and characterized by an atrocious headache, the most bizarre grimaces, automatic movements of the limbs and a state of complete insensibility to sight and smell; she could be made to breathe ammonia with impunity.

The following fact, brought out in the trial, proved that the young girl was not inexperienced in inventions that were at once false and romantic. One day a man in country dress, who was standing below the windows of the house of de M—— applauded in an improper fashion a piece of music that Mrs. de M—— was playing on the piano; a short time afterward young Marie announced with deep emotion that she had just seen this man throw himself into the Loire; that then the boatman had fished him out deprived of consciousness and had brought him back to life. This pretended suicidal attempt of which the young girl was the only witness and whose falsity was demonstrated by the most minute inquiries was followed by two anonymous love letters, addressed to Mrs. de M—— by the romantic drowned person.

Thus, Miss de M—— was afflicted with a disease, nervous or indefinably mental, that impelled her to compose these letters, to invent improbable stories, to believe and say that she was the victim of imaginary assaults and to resort to the most complicated pretensions to justify her accusing allegations. This affection, which Mr. Chaix d'Est-Ange declared indefinable in 1835, while at the same time he attested its reality, we are perfectly familiar with today: it is hysteria. A celebrated alienist physician, at that time an interne at Esquirol, was placed near Miss de M—— during the course of the trial, and he later affirmed to Legrand du Saulle that there was no question as to the hysterical nature of her nervous crises.

Unfortunately, public opinion was completely prejudiced against the unfortunate defendant, and moved with pity for the pretended victim. The jury, yielding in its turn to current opinion and further conquered by the persuasive eloquence of Berryer, declared Mr. de la Roncière guilty of attempted rape and of intentional wounds, admitting, however, attenuating circumstances; the court condemned this unfortunate man to

ten years' imprisonment. He served the full term at Clairvaux, and nearly lost his reason as a result of this severe experience.

Mr. de la Roncière was finally completely rehabilitated in 1849 on a favorable report of the guardian of the seals, Odilon Barrot, who had been the attorney for the plaintiffs. However, the motives for the rehabiliment were drawn, not from the judicial error, but from the regular and perfectly honorable conduct of the man who had worthily endured his penalty.

We spoke a little while ago of the opinion of Dr. Pitres; you will doubtless be much surprised to learn that this author puts this celebrated case in the category of *unconscious lies,* of *hysterical hallucinations.* All the details of the affair cry against such interpretations; it is a true *planned attack,* and planned *with inconceivable art:* leisurely preparation, anonymous letters with the final explosion, the grand scene of rape. It is certainly not necessary to regard all stories coming from hysterics as conscious lies: Dr. Pitres is right on that point; but neither is it necessary to regard all hysterical lies as unconscious, as hallucinations, and Dr. Pitres is wrong in this point, it seems to me.

Here is a second case taken again from Legrand du Saulle; it, too, is perfectly typical; this time there is no question of an unconscious lie. In a little parish in Vendée there was living a girl whom everyone believed to be paralyzed and blind. This girl was one day the victim of a hideous assault. Seven men came in, seized her and introduced some burning objects into her genital organs. She fainted. On coming to herself she accused two individuals. Assistance was given to her, and on placing her on a chamber a metallic sound was heard; they picked up a piece of iron. Then they examined the pretended victim and found thirteen pieces of rusty iron, oblong in form, in the vaginal cavity, and another in the rectum. Several days afterward they found two knife-blades 8 or 9 centimeters long, and a coil of iron wire.

The two individuals accused were brought to trial. The young girl was taken to the hospital; on arrival she was in a condition of aphonia; she declared that she had not been to stool for sixteen months, but that she had vomited fecal

matter every two or three days. During two or three months, in fact, the patient did not go to the closet. But one day they discovered that two handkerchiefs had been soiled with fecal matter; that the patient had cakes of stercoraceous matter in her armpits, and, finally, that she had ripped her mattress for a length of 10 to 12 centimeters and that she had deposited there a large part of her dejections.

Further, a careful examination showed no tear either of the vagina or the rectum. It was consequently probable that the foreign bodies had been introduced successively and by the victim herself. The first two experts appointed had believed in the assault; Dr. Merland as counter-expert undertook to overthrow the opinion expressed by the first physicians, and show that of its kind it was a case of hysterical feigning. The defendants were acquitted by the police and again by the court, after appeal to the public ministry.

In the following case there is, it seems, a mixture of conscious and semi-conscious inventing. It will serve as a transitional case to examples of unconscious lies: On Sunday, the 5th of January, 1840, toward 4 o'clock in the afternoon, Marie V——, aged twenty-eight years, fell, apparently in a fainting fit, a few steps from the house of her uncle at the side of a much frequented road. Her two wrists were tied separately by one and the same cord; her own handkerchief was knotted about her mouth; her eyes were bound with the ribbons of her hat. Her clothes were soiled with mud, but only around the bottom; her undervest was fastened.

Carried into her uncle's, she did not appear to regain consciousness until some hours later. She immediately told how, at a kilometer from the village of P—— where she was going, four young men, of whom she furnished the most minute description, had attacked her, had made certain proposals, and in order to overcome her resistance, had gagged her, exposed her breast, bound her arms and had tried unsuccessfully to rape her. From vexation they had made cuts on her face, her arms, her breast and several other parts of the body. She had defended herself and had given one of them a slight wound by the help of a crucifix that she wore. Finally, her assailants took flight on hearing the sound of the church

bells that announced vespers, and also a noise of the snapping of a whip not far away. But first they tied her hat over her eyes, gave her several kicks and blows with the fist on her chest, and rearranged a little the disorder of her clothes.

Dr. Toulmouche was able at the medical examination to establish that Marie V—— had, in fact, a number of long, superficial, regular incisions all over her body, both in front and behind, on her face and on the lower extremities. There were no contusions anywhere on the body, not even on the wrists. These facts, added to her recollections, made it possible to entertain doubts as to the sincerity of the assertions of Marie V——.

In fact, she had frequent attacks of hysteria, of somnambulism, of ascetic visions. Furthermore, she was not ignorant of certain unfounded public rumors which affirmed that several young girls had been attacked and even slashed (that was the accepted expression) by well-dressed young men. Finally, it was impossible to discover any one of the four individuals described by her, either in the parish or anywhere in that region.

The legal inquiry demonstrated with certainty that the whole adventure had been invented by the pretended victim. Little by little she began confessions, which she ended by making complete. Either the wish to have herself talked about, to excite public opinion, or else a true mental aberration, perhaps even the combined action of the two causes had moved her to enact this little drama, which she related under different questionings with remarkable precision and assurance.

B. Let us now study false assaults that take their origin in the *unconscious lie* of the hysteric. The unconscious lie is nothing but the product, the result, of a *hysterical hallucination.*

Hallucinations, and especially *visual hallucinations,* constitute a very frequent phenomenon in hysterics, and, according to the expression of Dr. Pitres, they are, in the majority of cases, very *strongly objective,* that is, they seem to have a *real existence,* an *indubitable materiality.*

Among these hallucinations visions of an *erotic nature* are the most common; the rôle they have played in past epochs

is well known; "the whole history of *incubi* and *succubi*, about which theologians and demonologists in past centuries have written so much, rests on the story of the sexual illusions of witches and demoniacs, that is to say, of the hysterics of the period" (Pitres). The fine memoir of Gilles de la Tourette on Jeanne des Anges also gives a curious history of sexual hysterical hallucinations.

In our days the erotic visions of hysterics have changed their theme; the devil no longer plays a rôle in them; the *possession* now takes place through an individual whom the chance of her imagination suggests to the hysteric. To fix the facts in mind we take from Dr. Pitres a case of a visual hysterical hallucination that evolved into an accusation of rape.

A hysteric in one of Dr. Pitres' wards complained that she had been assaulted by one of the externes on the service. "Every night," she said, "he comes into the room through the window at the left of my bed, gets into bed beside me, embraces me and makes passionate declarations that throw me into a most disturbed state of mind. If he stopped there I shouldn't complain; but after having caressed me he forces me," etc. This improbable accusation could not be the product of a conscious lie; it would have been absurd; it could be the result only of an hallucination. It had, of course, no medicolegal consequences.

Furthermore, there do not appear to be at the present time many false assaults on hysterics due to hallucinations, that come to judicial inquiry; for these hallucinations in sexual matters generally have an *absurd* or *supernatural* side that at once demonstrates their real value. Conscious lies, on the contrary, seem to us of great legal and medical interest, and whatever Dr. Pitres may say, it is certainly to them that we must attribute the majority of the false accusations emanating from hysterics, and the most celebrated of these accusations belong in every case to this category.

But we are not yet done with the hysteric. She may, in fact, make a false accusation dictated by a vulgar motive, as the desire for revenge, or the wish to save her reputation; she, too, in fact, may resort to the *vulgar lie*. But even in this case she employs a method and means that are quite

special, and so do not fail to establish certain difficulties for the legal inquiry.

Here is a case reported by Dr. Brouardel (Gilles de la Tourette, *loc. cit.*, p. 520), in which a pregnant girl accused an individual of having gotten her into that condition by rape. You already know the method of procedure, the common one. But in this case the girl, who was *a hysteric, subject to very characteristic crises, gave hysteric lethargy as a cause.* Unfortunately for her story, the man whom she accused had been her accepted lover for two years past. We will give from Dr. Brouardel's report only the result of the commission of inquiry and the part that deals with the examination of the plaintif:—

"I, the undersigned, P. Brouardel, Professor in the Faculty of Medicine of Paris by virtue of an appointment dated December 29, 1885, depose as follows:—

"In view of the process of inquiry against Alfred T——, accused of having committed the crime of rape at the beginning of the month of February, 1885, on the girl, Adèle G——, aged twenty-three years, a seamstress, living in Paris, while she was a prey to an attack of hysteria;

"It being understood that Adèle G—— declares that at the time specified, when she was taken with convulsions, T——, who was in the house alone with her, carried her to her room and placed her on a mattress, where she remained, unconscious, for four or five hours; that about two months afterward she had trouble with her heart and perceived that she was pregnant; that T—— confessed to her that he had had intimate relations with her. Miss G—— adds that she had never had sexual relations with anyone except with T——, at his own request;

"It being understood that on the 11th of November last (1885) the widow, G——, had struck and wounded T——, reproaching him with having made her daughter pregnant;

"Let us say that Dr. Brouardel, having already taken oath, will proceed to make all the necessary medical investigations on the persons named."

* * * * * * * *

"Miss Adèle G—— is twenty-three years of age; she is well formed with a distinct inclination to stoutness. Her

mother affirms that during childhood she had a rather delicate constitution; she does not appear, however, to have had any serious illness. At the present time she manifests no lesion of the viscera. Her menses appeared at the age of fourteen and a half or fifteen years; since that time the periods have appeared with sufficient regularity, but have always been accompanied by pains.

"During the month of February, 1885, the menses did not appear; the girl's attention was attracted by nausea, vomiting, general malaise and the alteration in her shape; soon the presence of pregnancy was no longer to be doubted. She was delivered, November 10, 1885, of a healthy child. The confinement and its sequelæ were in no way abnormal.

"No hereditary antecedents would seem to have especially predisposed the girl, G——, to nervous affections. We have been unable to discover any troubles of this nature from information supplied by the grandparents. The father died of albuminuria; the mother is well, likewise a brother, twenty years old. The indications that follow concerning the character and origin of the nervous affections to which this young girl is said to be accustomed were supplied us by the mother of the girl, G——, and by herself.

"The first attack, followed by loss of consciousness, dates from the month of May, 1883. The girl had just lost her father; she entered the death chamber and fell unconscious to the floor. The next day at the cemetery, during the interment, she had an *attack of nerves* that lasted about eight hours. A month later she returned to the cemetery and had a new attack similar to the preceding.

"From that time (June, 1883) to this (January 2, 1885) she has had attacks at variable intervals, sometimes three or four a month, sometimes every two months. The attacks did not coincide with the menstrual periods. The attacks were of invariable type; we will reproduce their characteristics according to information furnished by the mother and daughter, and by the certificate of Dr. M——.

"Usually the patient experienced a slight aura, which consisted in the sensation of a ball passing upward from the epigastrium to the larynx and accompanied by a rather lively

sensation of oppression. The patient, warned by this sensation, almost always had time to sit down. Sometimes the aura was lacking; the attack came on suddenly and the patient fell.

"At this moment, according to the mother, she twisted her mouth, her eyes rolled upward and outward, she ground her teeth, her arms and legs were forcibly extended, her fingers were flexed and her muscles were the seat of little convulsive movements. Then a period of violent excitement followed: the patient sat up, became active, fought, bit, tore and snatched at everything about her; formed her body into the arc of a circle, her head and feet alone resting on the bed; screamed. These phenomena ceased; the patient sat on her bed and looked about her; her face expressed fear; her eyes were haggard and widely open. Finally, she collapsed. Her respiration became calm and the patient appeared to sleep; if her extremities were raised they fell back heavily; resolution was complete; she replied to no questions and sensation was absent. During these various periods the intellectual functions were completely suppressed. Frequently a second attack followed similar to the first; more rarely, a third. The entire attack lasted, as a rule, from four to six hours; in all cases the second period of unconsciousness or lethargy formed in itself, so far as duration was concerned, more than two-thirds of the attack, so that it constituted by a good deal the longest of the phases. Finally the patient came to herself, saying that she remembered nothing of what had occurred during the attack. She had a violent headache that yielded to natural sleep, for which she felt an imperious need. Let us add that the body, particularly the arms, were often covered with ecchymoses resulting from the multiple traumata that she inflicted on herself during the period of excitement; she never bit her tongue, and there was no frothing at the mouth.

"To these facts, supplied by the mother, the girl, G——, added that she did not remember ever having *dreams* during her attack; but it is probable that they existed, for her mother said that an expression of terror was never absent from one of the phases of the attack. These facts, we repeat, were supplied us chiefly by the mother and the girl, and they reproduce so faithfully the phenomena of one form of hysterical

attacks that there is strong presumption that they conform to the actual case.

"But besides these transitory troubles, which we have not witnessed, there are in hysterics permanent disturbances, some of which it seems impossible to feign. We will merely mention the disturbances in general sensation, the pain produced by pressure on the right ovary, less excessive in the left, and call particular attention to the disturbances of vision. The girl, Adèle G——, examined by Dr. Parinaud, showed a very characteristic hysterical amblyopia, a narrowing of the field of vision for white and colors in both eyes, and especially in the right."

And the expert naturally had to conclude that Adèle G—— was clearly subject to hysteria with phenomena of lethargy at the termination of the crises; then he added: "It is possible that during the phase of lethargy the girl, G——, may have submitted to sexual intercourse without being conscious of the act. We cannot, of course, say that the affair took place as the girl relates; we *say merely that it is possible for it to have taken place in that way.*"

Note well the *skill* and *justice* of these conclusions, which do not affirm that the affair really occurred in such and such a way (a fact that only an eye-witness could affirm), but merely that it *might* thus have occurred, and recognize, on the other hand, the extreme cleverness of the accusation.

This accusation did not fall through until the assizes even, when witnesses affirmed in their depositions that intimate relations had existed for a long time between Adèle G—— and the defendant.

CHAPTER XII.

PUBLIC OFFENSES AGAINST DECENCY.

Definition of the rôle of the expert in cases of offenses against public decency; this rôle is strongly limited and confined to acts of bestiality and of exhibition of the genital organs in public.

Bestiality.—Study of the act itself.—The dog is the animal with which man most often has relations, but it is not the only one.—Acts of sodomy with various animals.

Man in his relations with the dog may take either the active or the passive rôle.—Arguments on the possibility of anal coitus practised by the dog on man.—Cases of bestiality chargeable to women are very rare, and the animal concerned is always the dog.

Public exhibition of the genital organs. It is performed: (1) by debauchees responsible for their acts; (2) by individuals afflicted with local infirmities; (3) by individuals acting under the influence of a psychosis.—Study of acts of exhibition explained and excused by some local infirmity of the genito-urinary organs and of the anal region.

We now take up the subject of *public offenses against decency*. We will not repeat the definition, which has already been given, but will merely recall that the conditions for medicolegal intervention are very restricted, though offenses are frequent,—criminal statistics register some 3000 per year, on the average, in the whole extent of French territory,—and though varieties are numerous, since they include *public* acts of *normal coitus, coitus contrary to nature* or *pederasty, bestiality, solitary or reciprocal immodest manipulations, exhibition of the genital organs,* etc.

Tardieu has stated the case clearly: "It is not to supply proof of the act, nor to confirm its character, that the medicolegal expert will be consulted; it is to determine the motives that may explain the immodest act, and the excuses that may justify it. There is sometimes occasion to look for these motives and these excuses in the *physical and mental state of the accused.*" We shall have occasion to develop broadly this excellent statement of Tardieu's.

There are only two varieties of public offenses against decency that are of medicolegal interest, and they are: (1) *acts of bestiality* or *sexual relations with animals,* and (2) *public exhibition of the genital organs.* Let us study with the necessary details each of these immodest acts.

Bestiality.

Cases of bestiality are not common, but, like all cases of sexual aberration, they are met with in all times and in all countries. Dr. A. Montalti, author of an interesting article[1] on the subject, an article from which we shall make extracts farther on, recalls the words of the Bible: "And if a man lie with a beast, he shall surely be put to death," and he adds, rightly: "These obscenities have been reproduced with more or less frequency throughout the ages. It is enough to recall the legend of the minotaur, the issue of Pasiphaë and of a bull, to show that in all times there have been people in whom it seems that the genital instinct was not identical with that of the majority of their contemporaries."

In our times this singular monstrosity is not without examples, it must be admitted, in France as well as in other countries. Tardieu's book contains some cases. Taylor wrote some years ago that in England "legal actions for sodomy and *bestiality* are very frequent; men and young boys have often been sentenced for having had relations contrary to nature with cows, mares, and other female animals." Contemporary German medicolegal literature has also cited cases of bestiality: they may be found in Maschka, Hofmann, Rosenbaum, and particularly in the book by Krafft-Ebing, who has devoted a very interesting etiological chapter to bestiality, which we shall have occasion to refer to elsewhere.

The individual who commits acts of bestiality may belong to *either sex.* Let us begin with the acts committed by men; these acts are besides more frequent than those due to women. In relations contrary to nature with animals, a man may be

[1] Pederasty between dog and man. Translated from the Italian in the Annales d'hygiène et de médecine légale, 1888, 3e série, t. xix, p. 218.

either *active* or *passive:* he practises coitus on the animal, or he himself *submits* to anal coitus. Men practise coitus (vaginal or anal) with animals of a variety of species, as we shall see. Relations with the *dog* or the *bitch* are among the most often noted, and there are records of several cases of bestiality with the *mare.*

Hofmann reports, from Kutter, the case of a domestic who was discovered at the moment when he was satisfying his sexual desires on a mare. As a point of medicolegal interest, they found on this individual, between the prepuce and the glans, hairs that could clearly be recognized, even with the naked eye, as belonging to the animal. Krafft-Ebing cites several cases of bestiality accomplished on the *cow.*

But there are more singular cases, for which it seems that there must be a still stronger dose of aberration; these are acts contrary to nature committed on hens, geese, and rabbits. I know in medical literature *at least* three cases of bestiality on hens: a case of Tardieu's, a case of Schauenstein's, and a case of Gyurkovecky's, the two latter being inserted in Krafft-Ebing's book.

E——, aged thirty-five years, was condemned in January, 1867, by the tribunal of the Seine, to three months' imprisonment for a public offense against decency accomplished under the following circumstances. The acts took place at the house of a resident of des Gravilliers Street; this individual had come upon E—— at the moment when he had consummated the act on one of his hens; the animal was wounded and E—— had feathers and traces of blood on his clothing (Tardieu).

In a provincial village a man, belonging to the highest class of society, thirty years of age, was discovered in relations contrary to nature with a hen. For a long time it had been noticed that the hens belonging to the house were dying off, and they were looking for the criminal (Gyurkovecky). Fritsch has cited a case of bestiality on geese (Krafft-Ebing).

Finally, we have two cases of multiple bestiality: An individual, cited by Kowalewsky, whose *pathological defects* we shall describe later, had no sexual passion except for animals; at first he used hens and ducks, and later horses and cows.

An individual, cited by Boëteau, had intercourse with dogs and cats, but much more frequently with female rabbits, the only animals that had any charm for him.

We said above that while in relations contrary to nature the man had most often the active rôle, yet sometimes he submitted to anal coitus; this special form of pederasty takes place only between a *man* and a *dog*. This matter has occasioned debates, of which we will give a succinct idea.

In 1872 the tribunal of Rambouillet had to judge a case, which Tardieu has published and of which the following extract (report of the police commissioner), taken from his book, will give a sufficient acquaintance with the details:—

"In the year 1872, the 28th of April, we, the commissioner of police, having been informed by public rumor of a public offense against decency, committed by a boss road laborer named N——, and that the information concerning this odious act could be supplied by a day laborer named L——, we have caused the latter to appear before us and he has made declaration as follows:—

"On the 17th of the present month, toward 10 o'clock in the morning, I was working between the Lacroix route and that of Robert-Joly. The said N—— was occupied in cutting wood in the forest not far from me; at that time I felt like smoking a pipe and left my work to go and ask N—— for a match; after having gone about 50 meters I heard a rustling sound in the woods at the left, and stopped short; this noise continued, and I made a detour from my first direction and took several steps forward.

"All at once I perceived a dog, which I recognized as belonging to Mr. M——; I went forward a few steps, but with great precaution, and perceived the boss road laborer, the said N——, who had let his trousers down and exposed his sexual organs; his body was bent with his face toward the ground, and his head turned almost toward me.

"There I saw N—— and the dog in contact with each other; N——, in this position, had his right hand behind his back, caressing the dog by rubbing his fingers against the dog's sexual organs; I remained thus as a spectator for several

minutes; when the act was consummated I perceived the dog's virile member emerge from N——'s fundament."

When, after N—— was condemned by the tribunal of Rambouillet, he appealed, and the case came before the court, the counsel for the defendant produced an opinion from Dr. Janet, veterinarian at Rambouillet, that concluded that a dog cannot exercise anal copulation with a man, because of the anatomical conformation of his penis, on the one hand, and of the conformation of the human anus, on the other. The question of the possibility or the impossibility of such an act came up anew in 1884, before the Medicolegal Society, on the occasion of a case on which Drs. Bouley and Brouardel were called upon to supply an opinion.

Professor Bouley came to the same conclusion as the veterinarian of Rambouillet, and he, too, denied that it was possible for a dog to practise anal coitus on a man. He considered that the anal orifice of man is not in a situation accessible to the penis of the dog; in fact, the direction of the animal's penis in erection does not allow him to penetrate into the human anal orifice. Further, the animal could not practise the *embrace* that normally has to supply him with the point of support necessary for accomplishing the act. Finally, if coitus had taken place, the immediate separation of the two beings united contrary to nature could not take place, because of the well-known considerable dilatation that the animal's penis undergoes, and to effect this separation great efforts would be necessary, which would not fail to produce tears of the rectum.

A. Montalti, in the article cited, declares that the argument of Bouley is retorted by the facts, and cites the following case tried by the civil tribunal of Florence: Lorenzo D. L—— was seen by a woman, C. B——, with his posterior parts naked and united with a dog. The woman, B——, greatly excited, cried out to him: "Be off; I can't look at you," and he in turn raised his trousers and sought to drive the dog away. The scene took place in a locality called the *Borro del Conce.*

Several days later another woman saw D. L—— in the same place, lying on the ground, and on him a panting dog in action. In her indignation she shouted to D. L——, who

sought to pull up his trousers and to send the dog off, etc. The affair having become known in the country, D. L—— was prosecuted and condemned to two years' imprisonment for a repeated offense against decency in a public place. It seems to be established, then, that in some cases, *evidently very rare,* the pederastic act committed by a dog on a man is not impossible.[2]

Having studied briefly the acts of bestiality committed by men, let us say a word concerning those that may be committed *by women.* They are much rarer, and the only animal employed is the dog. It is well known that certain women of the demi-monde train little dogs to perform acts of saphism, but this depraved practice has no medicolegal interest.

The only fact that we have to consider is the case of *vaginal coitus* practised by a dog on a woman. Maschka has reported that there existed at Paris a woman who, for money, organized a scene for debauchees in which she had herself covered by a bulldog trained for this purpose.

Do not think that France has any privileges in monstrosi-

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[2] A very unusual case of this kind was published by Dr. A. B. Cooke, of Nashville, Tenn., under the title, "A Unique Case of Laceration of the Sphincter Ani," in the Jour. A. M. A., vol. liv, No. 25, 1910. A few quotations will give the gist of the paper. "Feb. 26, 1910, a boy, aged 7, who lived on a farm, went out to his favorite place behind the corncrib to attend to a call of nature. While engaged in the act a pet dog, a hound of medium size, came up from the rear and, mounting him, effected entrance into the anus and became 'accoupled.' The child's outcries quickly brought his mother to the scene. . . . The mother's excitement was naturally very great and in her frantic efforts to disentangle the two she used considerable violence, first with her hand, and finally jerking the dog loose by main strength." The boy was taken to a hospital, where several lacerations were found. "Under general anesthesia the next morning the deepest of these was found to be near the middle line posteriorly, extending from a point two inches up the rectum, through the sphincter muscles and out on the skin surface for a distance of approximately one inch. The external sphincter was torn in two places at this site, one tear being complete, the other partial. Anteriorly there was a second laceration into, but not through, the fibers of the sphincter. In addition there were a number of minor tears in the anal margin involving the superficial tissues only." Fourteen stitches were taken and the boy returned home in two weeks perfectly well.—A. W. W.

ties of this kind. Hofmann has cited some of German origin, and Plaff has a case that presents a certain medicolegal interest. This physician found on the pubis of a young female domestic accused of bestiality a black dog's hair exactly like those of a big dog with which she had shut herself up. In addition, a microscopic examination made possible the discovery of spermatozoa stuck to the pubic hairs of the girl.

What is the nature of the intervention of the medical expert in these very rare cases of bestiality, which, in France, at least, cannot come under the influence of the law except when the immodest act is clothed with the characteristic of publicity?[3]

The expert may be consulted as to the possibility of a relation contrary to nature ill established, or contested; for example, the case may be presented of pederasty of a dog on a man, a question that is still obscure and so we have developed it, briefly at least. The expert may be asked to search for traces of the act if the case is contested: the presence of the animal's hair on the man or woman, spermatozoa, etc.; there have been such cases, at least in foreign countries. But what the expert may be especially called upon to determine is, the mental state of the individual who commits acts so anomalous.

Now it should be remembered that individuals accused of bestiality can be only common debauchees,—fully responsible, —or much more often, as it seems, individuals with pathological brains, and so *irresponsible*. In short, bestiality is almost always one of the *perversions of the genital instinct*, a mental disease, of which we shall soon take up the complete history. Here we have merely called attention to the fact itself; for its pathological consideration the reader is referred to the chapters on the "Perversions of the Genital Instinct."

Public Exhibition of the Genital Organs.

This immodest act occurs under three circumstances:—
(*a*) By *debauchees*.

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[3] In England and America the act is criminal in private as well as in public, as already pointed out. See Appendix to Chapter I.—A. W. W.

(*b*) By individuals afflicted with *local infirmities* that excuse and explain the immodest act.

(*c*) By individuals afflicted with *psycoses* that relieve them of total or partial responsibility for the act.

The medical expert never has to concern himself with accused persons of the first group. The accused of the second and third groups, on the contrary, supply material for an interesting medicolegal study, which we will divide.

For the present study we will take up the individuals whom *local* infirmities, which we will define, impel to the immodest act of exposing their genital organs, and we will defer for a later chapter those whose act is excused or at least explained by some cerebral trouble of whatever nature it may be; the latter are the true *exhibitionists,* according to the word so happily applied by Lasègue.

My excellent colleague and friend, Dr. Laugier, made an admirable study in 1878, in the *Annales d'hygiène et de médecine légale,* of the variety of public offense against decency that consists in an immodest exhibition under the influence of a local affection; we will take him for a guide.

The accused of this order are *men,*—women have no connection with this group, as will soon be seen,—men who have no previous court record whatever, and about whose appearance and bearing there is nothing suspicious. They have been discovered in public places or urinals in attitudes such that the authorities have arrested them. On being questioned they give as explanation the state of their health, and claim certain affections, *always the same,* whose existence the physician must verify at the same time that he must determine whether the symptoms of the malady are such as to account for the facts. These affections always fall into one of the two following categories:—

Affections of the genito-urinary passages;
Affections of the anoscrotal region.

We will proceed as we have always done up to the present, and instead of a dry description, we will add interest to the picture by giving some examples which will serve to fix in the memory the various types of *public offenses against*

decency through physical infirmity. These examples are taken, for the most part, from the memoir of Dr. Laugier:—

A Mr. M——, fifty-six years old, with no previous court record, was arrested under very strange circumstances. The authorities on duty in the assembly room where he was found were struck by his suspicious attitude, and so took him in hand, and found, on opening his overcoat, that his sexual organs were exposed outside his trousers; further, there was on the floor in the place where M—— had been arrested a rather large spot consisting of a thick fluid.

The accused said that he was afflicted with a malady of the urinary passages, and Dr. Laugier was commissioned to examine him. He found the following: Purulent spots on the shirt; the meatus and the preputial orifice bathed with urine. The passage of a catheter was very difficult and demonstrated a stricture of the urethra; rectal palpation showed a considerable hypertrophy of the prostate; finally, micturition took place drop by drop, dribbling into the vessel, and the urine gave off the well-known infected odor characteristic of purulent urines.

The assertions of the accused were consequently correct, but how explain the curious position in which Mr. M—— had been discovered? The reason was simple, according to the very credible statement of this individual: "As it has been impossible for me for a long time," he said to Dr. Laugier, "to urinate otherwise than drop by drop, I have been in the habit, when in a public place and shut in so that I cannot constantly satisfy my urgent need to urinate, to unbutton my trousers, and to leave my penis free under my closed overcoat; in this way I did not have to restrain myself and I could relieve myself, from time to time, by the emission of a few drops of urine, which fell to the ground." Thus, *stricture of the urethra, cystitis,* and *incontinence of urine* were the causes of the immodest acts committed by Mr. M——, whom the tribunal condemned to only one month's imprisonment. The following observation, taken from the same source, seems interesting in that it exhibits a combination of lesions of the genito-urinary passages and the anorectal region:—

Mr. R——, who lived in the country, was temporarily in

Paris, and was arrested on emerging from a urinal where he had remained a long time, on the charge of obscene gestures and maneuvers: the officers declared that they had seen him touch himself alternately on the sexual organs and the anus. The examination was assigned to Dr. Laugier, who recognized both symptoms of prostatic hypertrophy and also an enormous hemorrhoidal tumor situated at the entrance to the rectum; the prisoner kept the tumor in place by a suitable bandage.

In order to urinate the patient had to *assist* his bladder,—to *strain;* each of these contractions was assisted by a pull on the penis with the left hand, while the right hand, pressed against the hemorrhoidal tumor, aided the effect of the bandage and prevented the tumor from increasing in size under the influence of the efforts necessary for micturition. It was, in fact, this combination of bizarre maneuvers, which were justly suspicious, that had led the officers into error. The prisoner got the benefit of having his case dismissed.

Hemorrhoids alone are often urged as excuses for indecent or so-called indecent acts performed in public; they give rise, in fact, to bizarre manipulations with exposure of the genital organs. With these hemorrhoids is often associated an eczema intertrigo; intertrigo either alone or associated with hemorrhoids occasions in the subject excessive itching, giving rise to manipulations that might be ill interpreted by eye witnesses. It was thus in one of the very rare cases of public offense against decency that I have had to deal with:—

Mr. R—— was arrested in a public place on the accusation of a little girl, and charged with a public offense against decency. He alleged his physical condition as an excuse. The magistrate's suspicion was aroused by the respectability of the accused, and he confided the medicolegal examination to me. Mr. R—— did, in fact, possess numerous hemorrhoids and a very pronounced eczema of the scrotum and of the inner surface of the thighs that easily explained the manipulations with which he was charged. Mr. R—— was not troubled further.

We will terminate the series of cases that it seems worth while mentioning by citing again a case taken from Dr. Laugier; it has a very special medicolegal side, as we shall see:—

Mr. O——, fifty-nine years old, belonging to one of the most respectable families, and without a previous court record, was arrested on a charge of a public offense against decency committed in the midst of a crowd at the approaches to a café concert. The officers declared that they had seen obscene gestures and exhibitions. Mr. O—— protested energetically, and in support of his denials invoked the fact of loss of his genital functions; he declared that for a long time he had experienced neither erections nor venereal desires. Mr. O—— explained this loss by the *diabetes* with which he was afflicted. This diabetes was real; it made *admissible* the assertions of the prisoner relative to the state of his genital functions, and particularly to the absence of erections, and tended to weaken the testimony of the officers, who claimed that they had seen his virile member in a state of erection. The magistrate dismissed the case.

Dr. Laugier, in summing up the facts that come from the interesting study that we have made, concludes: "It is an absolute duty that they (the experts) should examine with the most minute care the genito-urinary organs, both external and internal; they should perform *catheterization* and rectal palpation and, on occasion, not neglect urinary analysis; they should, in a word, never forget that on an examination more or less complete, more or less conscientious, may depend the acquittal of the prisoner and the honor of an entire family."

We agree fully with these conclusions, with a single reservation. However learned an expert may be, he may lack skill in guiding a sound through a constricted urethra, and in order to prove the innocence of an accused would it not be necessary to risk making a false passage in the urethra? If catheterization seems to be necessary for demonstrating the truth, and if you are not completely skilled in this little operative practice, do what you would do in your private practice: call in,—or cause to be called in,—some one more skilled than yourself.

CHAPTER XIII.

PERVERSIONS OF THE SEXUAL INSTINCT.

Medicolegal importance of this study.—Enumeration of the perversions that we shall have to pass in review.—Mental degeneration is the foundation on which many of them develop.—Summary of facts concerning mental degeneration.

INVERSION OF THE SEXUAL INSTINCT.

Definition.—Historical study: inversion, from the earliest times to the present.—The medical opinion concerning inversion in former times and today.—Westphal has inaugurated a new era.—The predecessors of Westphal: Casper, Ulrichs, Griesinger.—The successors of Westphal: Krafft-Ebing, Charcot and Magnan, Lombroso, Tarnowsky, Hammond, etc.

Classification of the different varieties of inversion: inversion-vice, inversion-perversion.

We now begin the study of the *perversions of the genital instinct,* to which we intend to devote several chapters. Our developments of this subject seem sufficiently justified by the medicolegal interest of the question. If perversions of the genital instinct have a place, and a very large place, in mental medicine, they belong also to the questions of which at the present time no medical expert ought to be ignorant. It is not our purpose here, however, to give the pathology or the pathological psychology of the sexual instinct; and while in giving the necessary clinical and psychological details for each of the abnormalities that we shall pass in review, it is always the medicolegal side that we shall develop most extensively; it is not a study in mental diseases, for which, besides, we are incompetent, that we undertake in these chapters, but a study in legal medicine, and we shall keep that point well in mind.

For a long time now physicians, both alienists and experts, have been occupied with *perversions, anomalies, aberrations, deviations,*—all these words are synonymous,—of the sexual instinct, and the older investigations have, indeed, outlined certain types, such as nymphomania and satyriasis. But what

advances have been made in recent years! The recent and contemporary studies of Westphal, Lasègue, Charcot and Magnan, Krafft-Ebing,[1] to mention only great names, have distinguished and characterized many pathological types formerly unknown: such as inversion, fetichism, etc.; but especially they have concerned themselves with the etiology of perversions, they have thrown light where before there was only obscurity, they have shown the causal reason or reasons for each of the known anomalies, and have even succeeded in reuniting a certain number of these manifestations, though so different in their clinical pictures, into a group firmly held together by a common etiological bond.

Without delaying longer on general considerations, which we shall have occasion to develop in the course of this study, let us enter upon our subject at once. The perversions of the genital instinct with which we are acquainted at the present moment are numerous. It would be of little interest to give a classification of them, and we shall content ourselves with enumerating those that we shall study here. They are, in the order in which we shall take them up:—

1. *Sexual inversion.*
2. *Exhibitionism.*
3. *Fetichism.*
4. *Sadism and masochism.*
5. *Bestiality.*
6. *Necrophilia.*
7. *Satyriasis and nymphomania.*
8. *Erotomania.*

We shall attack this study by banishing all sentiments of false modesty, so troublesome in medicine. We are making a medicolegal work both useful and valuable in setting forth to you ideas that today have an undeniable scientific character, and in teaching you to see irresponsible unfortunates almost always in these sexual perverts from whom the medical profession has too long turned away in horror, failing in the noble duty of discovering and defending the *falsely guilty,* whoever

[1] To these should certainly be added now, Moll, and Ellis.—A. W. W.

they may be and however abominable their acts may appear in the eyes of a common ignorant person.

Sexual perverts suffer in the immense majority of cases,—*but not in all cases,*—from mental diseases, and the troubles or afflictions that they exhibit are very variable. We find among them sufferers from *epilepsy, general paralysis, senility, dementia,*—all states sufficiently well known to you, which we shall not describe here. But what you will see especially are *mental degenerates,* and concerning this state, whose description is more recent and so important in legal medicine, I fear that many of you may possess only very vague ideas, and I will now ask your permission to give a brief description, so that we may understand each other henceforth without difficulty.

I am taking the substance of the lines that immediately follow from the various publications of Dr. Magnan,[2] and from the excellent article, *Psychoses,* that my colleague and friend, Dr. Ballet, has given in the *Traité de Médecine* (vol. vi).

There is a category of individuals, unfortunately very numerous, in whom morbid causes,—*hereditary* in the majority of cases; *acquired* (individual) in some,—have hindered the regular development of the nervous system; from this disturbance in development result,—and that from an early age,—*defects* (or taints) that will mark the individual for life. These *psychic* defects, and sometimes also *physical* defects, are what are called *stigmata,* and individuals thus afflicted are *mental degenerates.*

We should not forget that these degenerates owe their creation to Morel, the celebrated French alienist; only Morel's conception has been enlarged in this, that he recognized only hereditary degenerates, and since then acquired degeneracy has taken a place beside hereditary (Magnan).

Hereditary degeneracy is the transmission to the offspring of an *original defect* that has its source in *very various affections* of the progenitors. Among these affections we may note the following:—

[2] *Leçons cliniques de* 1893, and *Les Dégénérés* (in collaboration with Dr. Legrain). Charcot-Debove Library, 1895.

(*a*) *Diseases of the nervous system:* Organic diseases such as ataxia, progressive general paralysis; neuroses such as epilepsy, hysteria, chorea; finally, various mental diseases.

(*b*) *Intoxications,* such, especially, as *alcoholism,* which plays a great rôle in the procreation of degenerates.

(*c*) *Infections,* such as syphilis.

But it must be remembered that *healthy* parents may procreate a *hereditary* degenerate if they happen to be in bad condition at the time of the fecundating coitus; thus children begotten by a father when drunk may easily be degenerates.

Or, again, the child may have been conceived under good conditions and by healthy parents, but some morbid cause may come to disturb the health of the mother while carrying the child in her womb and thus the child becomes afflicted in the development of its nervous system. It is thus when the mother experiences a fright or some excessive emotion, and *a fortiori* when she is attacked by some infectious or toxic disease.

A word now concerning the etiology of *non-hereditary* degeneracy. The cause that disturbs the development of the nervous system attacks the subject during his early or later childhood, or even later, during adolescence; as Cotard has excellently expressed it, degenerates are *congenital, infantile,* and even *juvenile.* The affections that act thus harmfully during early childhood are various *infections* still badly labeled, or, on the contrary, very well known affections, such as infantile paralysis; during later childhood, it is typhoid fever, etc.

This suffices for the etiology; let us now make a brief clinical study, pausing at the symptoms that present the most medicolegal interest. It is well known that the symptoms of *mental* degeneracy are of two orders: *physical* and *psychical.*

The *physical* symptoms, or, better, *stigmata,* are *varied and inconstant,* and consist of *malformations* of various parts of the body. Examples taken haphazard are: cranial malformations, harelip, cleft palate, dental anomalies, malformations of the ear (outstanding ears, absence of the helix, etc.), hypertrophy of the mammæ in men, webbed fingers and toes, clubbed hands and feet, hermaphroditism, anorchism, cryptorchism, etc.

The *psychic* symptoms, or, better, *stigmata,* are much more

important. They may be arranged schematically under the four following rubrics:—

I. Anomalies of intelligence.
II. Episodic syndromes.
III. Deliria.
IV. Sexual perversions.

The *deliria* of degenerates do not come within the field of our subject, so we pass them in silence.

The *intellectual anomalies* are constant: the degenerate is always *unstable intellectually* (Magnan), but he is so in various degrees. At the foot of the ladder is the *idiot,* whose cerebral life is almost null; a degree higher up is the *imbecile,* susceptible of some education, but incapable of self-direction, for in him judgment and intelligence have remained in a rudimentary state; above the imbecile we find the *feeble-minded,* whose intellectual faculties are insufficient, but capable of a certain development. Finally, at the top of the ladder is the *superior degenerate,* often with brilliant faculties, sometimes almost a genius, but badly balanced and presenting beside his brilliant faculties remarkable intellectual and moral deficiencies. These are the *eccentrics,* the *originals,* the *unbalanced individuals* whom you meet at every step in ordinary life.

Much more interesting for us is that symptomatic group that Dr. Magnan has so happily baptized with the name, *episodic syndromes of the mental derangement of degenerates;* these are what were formerly described under the name of *monomanias,* which were thought to be distinct morbid entities. Episodic syndromes consist of one of the three following manifestations: *obsession, impulsion, phenomenon of inhibition,* and by an *unchangeable assemblage of symptoms* that are always concomitant with each of these three diverse manifestations.

Thus, whether we have to do with an *obsession,* an *impulsion* or a *phenomenon of inhibition,* the act will always be accompanied by the following characteristics: The degenerate *knows perfectly* the gravity or the absurdity of the act that he imposes upon himself; he *struggles,* he tries not to yield, and this *agonizing* struggle,—just so much the more agonizing as the resistance is greater and the unfortunate delays his submis-

sion longer,—always ends in the defeat of the subject; after the act has been accomplished and the submission made, the degenerate experiences a lively feeling of *relief.*

Thus, *clear consciousness, agonizing struggle, fatal defeat, relief after the act,* these are the four great characteristics of impulsion, obsession, or the phenomenon of inhibition in degenerates.

Just a word concerning the *agony,* which should be well understood,—the other phenomena explain themselves. This agony consists in a feeling of more or less intense *moral suffering,* accompanied by a painful sensation of *constriction* in the precordial region or in the throat, and sometimes also by *palpitation,* and *perspiration on the face.* When the act is accomplished, the submission made, the individual is relieved, as we have said; but at the same time, since he is fully conscious of what he has been forced to do, if the act committed is illegal, immoral or criminal, the horror that he can experience may be conceived. We may now give the necessary definitions for pathological *obsession* and *impulsion* in degenerates and for the *phenomenon of inhibition.*

Obsession is the *sudden appearance of an idea or of a group of ideas,* that come for a time, and in the form of paroxysms interrupt the course of normal ideas, and that, be it known, *in spite of the efforts* of the subject, who ends by yielding.

Impulsion is the idea of an *act,* or of a *series of acts,* to be performed, that are imposed suddenly on the subject, and that will torture him until he has accomplished the act or acts, whatever they may be.

The *phenomenon of inhibition, abulia,* in its pure state, is much less important for us. The description is briefly as follows: the afflicted persons find all at once that their will-power is destroyed at the moment when it is necessary to form a decision and to act; they may *struggle hard,* but they are forced to remain in a state of indecision and inaction.

The *obsessive* and *impulsive* episodic syndromes *of degenerates* are very numerous; we will briefly cite some of them:—

1. *Folie du doute* (doubting folly), an obsession taking the form of *mental questionings.*

2. *Delirium of touch,* an *obsessive* fear of contact with certain objects.

3. *Agoraphobia,* an obsessive and insurmountable terror of open spaces.

4. *Dipsomania,* impulsion to drink.

5. *Pyromania,* impulsion to set fires.

6. *Kleptomania,* irresistible impulsion to steal.

7. *Homicidal* or *suicidal impulsion,* which explains itself.

8. *Onomatomania,* obsessive and agonizing search for certain words.

9. *Arithmomania,* irresistible impulsion to count.

10. *Exhibitionism,* which we shall study later and which, besides, belongs to the sexual perversions, which form the *fourth great group of psychic stigmata of degenerates.*

The *sexual perversions* do not belong, it must be admitted, to degenerates alone. There are certainly persons with other maladies that exhibit them also, and that we shall teach you to know, but it is none the less perfectly established that in few morbid states do the sexual perversions appear so varied and so frequent as in degenerates.

The reason for this is simple. The mental degenerate is in *unstable equilibrium,* in the broadest sense of the expression: in unstable equilibrium in intelligence, will-power, excitability, etc.,—in a word, in the entire nervous system. The necessary harmony between the different parts of the nervous system for the normal accomplishment of a function, *such as the function of reproduction,* does not exist in him, and we get the following consequences:—

"If the *sensory* centers act by *freeing themselves from the control* of the psychic centers, then the sexual instinct manifests itself in all its intensity, and imperiously demands satisfaction: this is the origin of certain impulsive attacks of *nymphomania* in women; if they are *inhibited,* the sexual instinct never manifests itself: this is *frigidity.* The *intelligence* itself exhibits the strangest anomalies in what concerns the sexual act. The individual then finds his stimulus no longer in the being of the opposite sex, whom he has chosen, but often in a being of his own kind (*inversion of the sexual instinct*), in consorting with animals (*bestiality*), with inani-

mate beings (*necrophilia*), in the use of inanimate things (*white aprons, red ribbons,* etc., *fetichism*). If the psychic centers function without the coöperation of the sensory and spinal centers, then we have the case of those contemplative lovers, dreamers, seekers after the ideal, absolutely separated from the sexual act, which is repugnant to them (*erotomaniacs*)."[3]

Such, sketched in broad lines, is the physiognomy of the degenerate, a physiognomy with which you should be acquainted; it dominates almost the whole medicolegal side of the study of the sexual perversions, a study that we shall now undertake. We will begin with the most common and one of the best known,—the *inversion of the genital instinct.*

INVERSION OF THE GENITAL INSTINCT.

The inversion of the genital instinct is *the search for sexual satisfaction through relations with individuals of the same sex, men with men and women with women.* The method according to which sexual satisfaction is obtained in this relation contrary to nature, a method *very variable* indeed, and one that between men, for example, is far from being always anal coitus or *pederasty*,—is of no importance as far as the definition itself is concerned, for that merely requires the fact of a *homosexual relation.* For the sake of brevity we will henceforth use the word *inversion* only, instead of the term, *inversion of the sexual instinct.*

In order to study this interesting and vast question, we will proceed in the following manner: We will first follow abnormal or inverted love among the peoples of various epochs in different countries. This historical study will show us that

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[3] Magnan and Legrain, *Les Dégénérés,* p. 99. In 1885 Dr. Magnan gave a classification of the sexual perversions of degenerates, based on the lack of harmony in the various centers that preside over the normal function, and the morbid predominance of one or several of these centers. Thus he distinguished the *spinal,* the *posterior* and *anterior cerebrospinal,* the *cerebral.* It would, perhaps, be difficult to make all the perversions *known at the present time* fit into this classification, and we prefer the simple pathological sketch given above.

inverted love *has been practised at all epochs and in all countries.*

Then we will explain the medical evolution of this question and describe how contemporary medicine, breaking away from ancient prejudices, has thrown light on the subject, has put order where there was formless chaos, and has been able to establish etiologically various classes in the cases of inversion of the genital instinct. Finally, we shall ourselves study these classes.

Historical Study.

We take the principal facts in this study from the books of Moll[4] and of Chavallier.[5]

We meet with this inversion among the *first civilized peoples* of which history has preserved traces for us in the old or in the new world. The primitive peoples of Asia Minor,—*Jews, Assyrians, Phœnicians,* the peoples of historic Greece,—all these practised it. It is the Bible itself that furnishes us with an example of it from the time of Abraham.

"When the two angels had announced to the patriarch that his wife, Sarah, aged 90 years, should give him a son, they went to Sodom and stopped at the house of Lot to pass the night there; then the inhabitants of the town, before going to bed, surrounded the house, and wishing to abuse them, called to Lot: 'Where are the men which came in to thee this night? Bring them out unto us, that we may know them,'" etc. (Genesis, xix, 5, cited by Chevallier). Later, the Levite from Ephraim nearly suffered the same fate from inhabitants of Gibeah and only escaped them by yielding up his concubine.

The cult of Baal or Baal Peor, which Moses had to oppose,

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[4] *Les perversions de l'instinct génital.* French translation by Drs. Pactet and Romme, Paris, 1893, E. Carré.

[There is, I believe, no translation in English of this admirable book, Die konträre Sexualempfindung, by Dr. Albert Moll, 3d edition, 1899, Berlin, xvi + 652 pp. Dr. Havelock Ellis (Psychology of Sex, vol. ii, 2d edition, 1901, p. 38), speaking of this third edition, says that it "may be regarded as the most complete as well as the most judicious discussion of sexual inversion which has yet appeared."—A. W. W.]

[5] *L'Inversion sexuelle.* Lyons thesis, and published in Lacassagne's Bibliothèque scientifique judiciaire, Paris and Lyons, 1893.

was merely male prostitution under protection of the divinity. "The priests connected with the temples were handsome, young, beardless men, who, with epilated bodies rubbed with perfumed oils, prostituted themselves in the name of the god of the Midianites" (Chevallier).

We all know the punishment that, according to the sacred books, fell upon Sodom and Gomorrah, whose names have remained celebrated and synonyms from the beginning of male homosexual practices; but these practices remained none the less implanted among the Hebrews. The laws of Moses decreed terrible punishments in order to root out the immorality.

"If a man also lie with mankind, as he lieth with a woman, both of them have committed an abomination: they shall surely be put to death; their blood shall be upon them" (Leviticus, xx, 13).

"Whoever shall have committed an abomination of this sort shall be cut off from among the people."

The scandals and orgies of Babylon are celebrated. In Phenicia and Cyprus we find pederasts connected with the temples, and official, male, religious prostitution taking its place beside the female religious prostitution that was no less widespread at those epochs.

In historic Greece we find traces of homosexual love among the gods and demi-gods who were formed by mythology in the image of men: Jupiter, who was the hero of so many affairs of female gallantry, also had his homosexual affair with Ganymede.

In the other growing civilizations of the ancient world, in the primitive civilizations of the North, we find the same traces of homosexual practices: among the Celts, for example (Aristotle), among the Germans, according to Sextus the Empiric and Eusebius (Chevallier).

In the primitive civilizations of the *New World* we find the same facts: wherever a new people is discovered, there we find homosexual relations as an integral part of their customs. Take, for example, the peoples of South America before their discovery and conquest by the Spaniards. Mantegazza,

in his historical studies, says that in ancient Mexico there were marriages between men (Moll).

Homosexual practices have been perpetrated among the descendants of the Aztecs of modern Mexico, according to Hammond (cited by Krafft-Ebing and Moll). Each branch of these families furnished one of its members, under the expressive name of *mujerado* (effeminate), for religious rites in which pederasty played an important rôle. The *mujerado* received a special education; by masturbation and continual exercise on horseback they reduced him to a state of impotence; thus, they secured atrophy of the penis and testicles, and a sort of effeminacy analogous to what is seen in eunuchs. The *mujerado* was then ready to perform his part.

In other parts of South America, as in Mexico, homosexual relations existed before the conquest: it was thus in Nicaragua, in Peru, etc. In North America it must have been the same, according to Virey. In that essentially primitive race, the Esquimaux, the existence of inversion cannot be denied, according to Bancroft.

After this rapid review of the earlier civilizations of the old and new worlds, let us pass to the better known peoples, and study homosexual relations in Greek and Latin antiquity, in the middle ages, in modern and contemporary times.

Ancient Greece. — Almost all the Greek colonies were acquainted with sexual inversion, which justly recalls the word *Greek-love,* whose significance is familiar. Athens was a remarkable center for male homosexual relations; the very tolerant laws of Solon left to Athenian freemen a certain latitude on this point. The places of meeting of the adepts at inversion were the rooms of the barbers, the baths, where parties were formed, and especially, according to the avowal of contemporary authors, the *gymnasia.*

Homosexual individuals abounded in Greece, and, to tell the truth, all or almost all her celebrated men have been, more or less justly, suspected of homosexual practices. One of the best known is Alcibiades, who had numerous lovers in his youth, among whom it seems Socrates should be included.

You know what suspicions of homosexual relations were laid upon Socrates, and there was some ground for the charge

of having *corrupted the youth* in his condemnation. Plato in his *Symposium* and in *Phedrus,* and Xenophon in his *Symposium,* have tried to prove that Socrates' undeniable love for the male sex was only a *psychic* love. Aristophanes has interpreted Socrates' feelings quite differently; Socrates seems, as a matter of fact, to have indulged in a passion that was largely excused by the customs of his time and by the example of all his fellow-citizens and contemporaries.

Athenian literature is filled with documents on male homosexual love: take Aristophanes, who, in his stage satires, leaves no room for doubt on the subject; take the philosophical discussions in the various dialogues of Plato; take the poems of Anacreon, where male homosexual love is sung on several occasions, and those of Theocritus; take numerous passages in the celebrated eclogue of Longus, *Daphnis and Chloe,* where Daphnis is pursued by the love of a male neighbor who wishes to use him as women are used, a typical passage that I have nowhere seen referred to by authors; take, finally, as Chevallier has so justly called attention to it, the following passage from the oath of Hippocrates:—

"Into whatever house I enter it shall be for the service of the sick, keeping myself from every voluntary and corrupting misdeed, and especially from the seduction of women and of *boys* whether *free* or *slaves*" (from Littré's translation).

It was not among Athenians alone that the love of man for man flourished. We have good reason to suspect it in Sparta, and we are certain that it existed in Elis and Bœotia; Xenophon says that in Bœotia the sexual union of two men was considered a veritable matrimonial union. But it was in Crete more than anywhere else that male homosexual love flourished. In Crete they abducted young boys, just as they would have abducted young girls, and the young boys of good family considered it a dishonor not to have lovers. The reputation of the Cretans has become proverbial.

Up to the present it has been a question of male homosexual love only; this was the only variety of inversion that primitive peoples have shown us, and all that we have said

of the Greeks treated likewise merely of sexual relations between men.

Ancient Greece also saw the rise of female homosexual love: Sapho, of Lesbos, was, if not the initiator, at least the celebrated singer of it, and hence the words *lesbian love* and *saphism,* which characterize practices of this sort. Lesbian love invaded all Greece; it was very widespread among the courtesans at least, as the *Dialogues* of Lucian and the *Letters* of Alciphron, etc., attest.

To sum up, homosexual love in all its forms reigned supreme in ancient Greece, and it seems possible to invoke in favor of these practices, or at least for the love of man for man, several good reasons.

The ancient Greeks were strongly appreciative of physical beauty, and especially of male beauty, which everything contributed to enhance and to develop: public games, gymnasia, etc. Greek women,—married women, at least,—were put aside and received little consideration; they received a very mediocre education, were shut up in the female apartments and appear to have had only one object in life, reproduction and the bringing up of children. Greek men sought the satisfaction of the senses together with the satisfaction of their minds in intercourse with the courtesans, who were more brilliant of wit and more highly educated, and in the society of young men perfect in physical form and in intellect.

Rome and Italy.—We read in the authors that the Roman people, who were at first the image of all the virtues, were not acquainted with depraved love and homosexual practices until they became corrupted by contact with the people of Carthage and the conquered Greeks.

Whether this is really so, or whether it would not rather be nearer the truth to say that the practices of homosexual love underwent a great increase from that time, it must be admitted that the Roman people knew how to imitate to the point of surpassing the conquered peoples whose customs they assimilated. The Rome of the Cæsars thus became one of the finest foci of sexual inversion with which history has furnished us an example.

In ancient Rome, before the Cæsars as well as under their

reign, pederastic prostitution fluorished freely. There was no law against it except the scatinian law promulgated at the time of the second punic war, a law that forbade and punished a pederastic offense committed on a freeman. So all pederastic prostitutes were slaves, the children of slaves, freedmen and foreigners.

At Rome there was both public and private pederastic prostitution. Public prostitution was very widespread, indeed, and terms applied to the unfortunate prostitutes are not lacking in Latin literature. They conducted themselves in a special way, so that they were recognizable: "They were without hair on the face or body; their skin was rubbed with perfumed oils, and they wore long hair carefully curled; they displayed an insolent air, cast sidelong glances, made lascivious and alluring gestures and walked with an affected gait. They wore garments of gaudy color, especially green, hence their name of *galbanati*" (Chevallier).

These unfortunates were often designed for pederastic prostitution from an early age, and too often they were subjected to various genital manipulations that made them eunuchs, a practice that Domitian forbade by law.

Side by side with this public pederastic prostitution was private pederastic prostitution, likewise greatly developed. "The patrician families were accustomed to give their sons on the day of puberty a young male slave who shared their bed, and who was destined to satisfy their voluptuous impulses" (Chevallier).

Under the Cæsars, Rome was more than ever addicted to the practices of homosexual love, and it was the Cæsars themselves who supplied the example. The relations of Cæsar with Nicomedes, king of Bithynia, are well known. Curion struck Cæsar with a terrible epigram, which has become celebrated: *the husband of all wives, and the wife of all husbands.* Augustus, the first Roman emperor, owed his adoption by Cæsar, it is said, to the fact that he prostituted himself to him.

With Tiberius, the long series of debauched Cæsars really begins. At Capri, Tiberius practised double debauchery, homosexual and heterosexual, seeking to excite his passions by every means possible. The series continues with Caligula, who was

both an active and a passive pederast; with Nero, who had Sporus castrated and married him, and later continued his practices of love contrary to nature with other favorites; with Galba, Otho, Titus, Domitian, Nerva, Trajan, Hadrian, whose favorite, Antinous, has become celebrated; Commodus, who entertained in his palace three hundred women and three hundred men, etc. . . .

Heliogabalus still further surpassed all his predecessors. "He entered the eternal city in a robe of trailing silk, his face painted, his eyebrows penciled, looking like an image. He dressed like a woman, took the title of empress, and conferred the offices of state on his numerous lovers, who were recruited because of their priapic possessions from the circus, the army, the navy, and all the houses of prostitution" (Moreau de Tours, *Psychologie morbide*). The soldiers who freed Rome from them empaled them, him and his accomplices, "so that," as they said, "their death might resemble their life" (Chevallier). A modern author in a book, entitled *l'Agonie,* has made the reign of Heliogabalus live again, with his debauched loves and his death.

The Cæsars constitute, as we see, a series of debauchees and diseased individuals,—*epileptics, insane individuals, degenerates,*—whose psychology would certainly be very interesting to follow out.

Like Greece, Rome also knew, side by side with male love contrary to nature, female homosexual love: *lesbian love* passed from conquered Greece to victorious Rome, and developed there extensively. The women addicted to these practices were known by the names of *tribades, subigatrices, fricatrices,* etc. The festivals of the good goddess, the public baths, the feasts at night, etc., were the places for celebrating tribadic debauches, descriptions of which have been left us by the authors of the time.

Ancient Rome, then, like Greece, and perhaps in part through the influence of Greece, was acquainted with unnatural love in all its varieties, in all its practices, and it was in Rome at the time of the emperors that all these debauches were most extensively developed.

Latin literature is certainly the richest that has ever

existed in documents on unnatural loves: *poets* sang these loves, *satirists* lashed them, *historians* recounted the imperial debauches or those of the people, *comic authors* put them on the stage, etc.; nothing is lacking except a scientific and psychological study for which there was certainly no place at that time.

Among the poets clear indications of homosexual love, especially male, are found in Virgil, still more in Horace, and particularly in Tibullus and Catullus. Juvenal, Martial, etc., lash the perverts of both sexes, lesbian love like Greek love. In Tacitus, and especially in Suetonius, is found the lively and authentic description of the vice of the Cæsars. Plautus and Terence put these customs on the stage. Finally, a place apart should be given to the *Satyricon* of Petronius, a monstrous romance, worthy of the signature of the Marquis de Sade, in which the orgy of homosexual loves is described in all its details. After the fall of the Roman empire there disappear, not unnatural loves, but documents on which we can rely.

It is very difficult to write the history of homosexual relations in the *middle ages;* but there seems to be no doubt that they continued to form an uninterrupted chain joining ancient Rome with the Renaissance, when all the Greek and Roman traditions flourished and bloomed. We find here and there, either in old books or in royal decrees, the clear proof that sexual inversion had not disappeared from Europe. The Orient at the same epoch was extensively given up to unnatural practices, and Moll's book gives some valuable notes on the customs of the Turks and the Persians in the middle ages.

When we come to the *Renaissance,* we can once more develop the picture of homosexual love by means of documents. In *Italy* the popes set the example: Sixtus IV (1471-1484), when a petition was presented to him by the cardinals to obtain permission to commit the homosexual sin during the three months of greatest heat, wrote, they say (?), at the bottom of the request: "Let it be done as is requested." Take the story for what it is worth, and rather doubtless as a simple indication of the customs of the time.

Then there is Julius II, charged with being an adept in

homosexual love by his contemporaries, and his celebrated compatriot, Michaelangelo, who has been cited by all uranists. It appears certain that the great artist had at least little inclination for women, and felt in advanced age a lively and tender affection for a noble young artist, T. Cavalieri. But it is well to be on one's guard, for the uranists have a great tendency to put retrospectively and without sufficient proof into their ranks a crowd of celebrated personages, artists or writers of genius, etc.

To say that it was from contact with Italy that France of the Renaissance (XVIth century) became corrupted is to forget that homosexual practices had never disappeared; but it is certain that Catherine de Medici and her suite exercised an unfortunate influence, and that at the court and in Paris, at least, Greek love and lesbian love developed with an intensity and a publicity till then unknown. The *flying squadron* of the queen was celebrated: Brantôme and Sauval have painted the lesbian customs of the time for us without circumlocutions.

With Henri III appeared one of the most perfect types of inversion that has ever been seen. He did not begin until rather late, they say, to give himself up to antiphysical love, and he was influenced in that direction by a venereal disease that he had contracted at Venice. Everyone knows the *mignons* (favorite boys) of Henri III, Caylus, Maugiron, Nogaret: the satires of the time did not spare them. As for Henri III, you know the biting verses of Agrippa d'Aubigné on this sad king:—

> So that at first glance every one was in difficulty,
> As though one saw a female king or else a male queen.

But do not think that homosexual relations were at that epoch the privilege only of France and her court. There was an expressive proverb on the subject (Chevallier): "In *Spania,* los caballeros; in *Francia,* los grandes; in *Almania,* pocos; in *Italia,* todos."

This proverb forgot only England, where, however, the example of homosexual practices started from higher up. Henry VIII,—whose moral principles were very elastic when

he himself was concerned,—decreed the most severe punishments against male homosexual relations, which proves very well that such relations then existed.

But these penalties did not stop the increase of unnatural love, and even one of the successors of Henry VIII, James I, has become celebrated in homosexual annals. Earlier, under the name of James VI in Scotland, he had manifested a very lively taste for young men of handsome appearance: Arran and Lennox were the two most celebrated of his favorites. He came to the throne of England, and these favorites were succeeded by others. One of the most celebrated was George Villiers, Duke of Buckingham, who exercised so marked an influence over the king.

Under Charles I a celebrated trial ended in the condemnation to death of persons convicted of homosexual relations and of other still more immoral practices: Lord Audley and his favorites, Fitz Patrick and Broadway (Raffalovitch, *Uranisme et unisexualité,* Paris, 1896).

In France in the 17th century, under Henri IV, Louis XIII and Louis XIV, a certain number of historic personages have been charged with unnatural love: such are Gaston, the brother of Louis XIII; Monsieur, brother of Louis XIV; the Duke de Vendome, who was accused of *Italian ragout,* according to the picturesque expression of Tallement de Réaux; the son of Marshal de Villars, *"the friend of men."* The women of the court for their part were not behind, and lesbian love was in high honor among them.

In the 18th century it is equally easy to find evidence of practices of unnatural love everywhere. In France the two daughters of the regent were the most conspicuous: the daughter of the regent, queen of Spain, when hardly sixteen years of age, made advances openly to all those of her waiting women whom she thought passionate. The king, when informed, sent away all the lesbian beauties who had yielded to the queen's taste and granted pardon, but the princess soon took up her diversions again (Chevallier, from Voltaire). As for her sister, the abbess of Chelles, she is the heroine of Diderot's *Religieuse;* she was one of the most characteristic priestesses of the cult of Lesbos.

In England acts of homosexuality are not rare. An excellent and virtuous German, G. Hamann, in the course of a journey in England, was the object of amorous solicitations, which he describes with sadness (Raffalovitch).

But a celebrated trial, the *Walpole* affair in 1751 (Raffalovitch), shows the perfect organization at that epoch of *pederastic blackmail,* which proves that the 19th century invented nothing in this respect. The title of the pamphlet recounting the trial, sold for a shilling in the shops of London and Westminster in 1851, is in itself alone sufficiently expressive. I will translate it:—

The affair of the criminal conspiracy plotted against the honorable Ed. Walpole by J. Cather, Ad. Nixon, Daniel Alexander, Patrick Cane (or Kane) and others, with the object of extorting from him a goodly sum of money, on the pretext of an indecent assault (buggery) on the person of J. Cather, etc.

In *Italy* homosexuality never ceased to shine with great brilliancy. In *Prussia* we find it in the highest rank in Frederick the Great and his brother, Prince Henry, both well-proven inverts. Finally, Catherine of Russia, it is said, toward the end of her life, preferred mistresses to lovers, and the former, it is claimed, were as numerous,—and that is saying a good deal,—as the latter had been.

After this long review we have come to the 19th century, to contemporary times, and we shall see that to whichever side we turn our eyes, everywhere we meet with proofs of the existence of sexual inversion, of unnatural love of man for man, and woman for woman.

The condition that Tardieu depicted some thirty or more years ago in his *Etudes sur la pédérastie en France,*—without attempting to seek its philosophy or rather its psychological causes,—has not changed, and today as then you will easily find about you multiple proofs of the wide diffusion of homosexual relations, both male and female.

In England the same situation: the recent and scandalous case of Oscar Wilde has been sufficiently edifying; we have seen exposed to the light of day male prostitution, pederastic blackmail, etc. Casper says that in Sicily and Naples, in 1854,

the procurers offered, in the open street, a *bellissimo ragazzo* when anyone refused the women they proposed; it is a matter of public knowledge that this is equally true today.

In Germany the advance of homosexual relations is undeniable, according to Krafft-Ebing, who has received the confessions of numerous inverts on this subject. In Germany, in Austria, in Hungary, in small as well as in large centers of population, the adepts in male homosexual relations always find the opportunity of satisfying their passions; male prostitution is very well organized in the large cities, especially Vienna and Berlin. In Russia the studies of Tarnowsky have taught us that it is the same there.

Outside of Europe things take place more openly, and it is necessary to close one's eyes and ears in order to be ignorant of the fact that the Orient, the extreme Orient and Africa are active foci of unnatural relations, especially between men.

To sum up,—the practices of inverted love have existed at *all times* and in *all countries;* they are found among *primitive peoples* and among *civilized peoples;* they are found today as active and as widespread as in historic times. Another fact is clear from our review: the *predominance,* at least *apparent* (and *very real* as we believe), of the inversion of the genital instinct in men and its much less frequency in women.

Inversion of the Genital Instinct from the Medical Point of View, Classifying the Different Varieties of Inversion.

Physicians have shared the belief of the laity on the subject of inverted sexual relations, and have for a long time turned away with horror from a study that seemed unable to offer anything scientific.

In 1870, that is to say, not so very long ago, a celebrated memoir of Westphal came to change the appearance of things, and the inversion of the genital instinct entered the domain of medicine. We can then,—a little schematically, it is true, as you will see,—consider two phases in the medical history of inversion, one ending and the other beginning with Westphal's

study. In the first phase, physicians, like the public, see in the inversion of the genital sense only a single possible etiological reason: *vice;* if they take up the study of this inverted love, it is only from a very special point of view: anal coitus, the material act of pederasty dominates everything for them, and they are content with tracing its medicolegal signs.

The second period is the period of *psychological study,* that in which inverted love ceases to be *considered a vice* in all cases: that in which beside the vicious individuals, who are little worthy of interest, attentive and enlightened analysis will show us *patients of various categories,* worthy, they, of all interest, worthy often of all pity, and whom it would be the duty of legal medicine to force itself to rescue from the severities of the law if inverted relations still fell today in France under the penalty of the law, as was the custom in former centuries and as is still the rule today in some foreign countries. You know in fact that while some ancient laws, as the Greek and Roman laws, look with an indifferent or an indulgent eye on homosexual relations, others,—like the Jewish laws,—punished them with capital punishment.

The middle ages with Charlemagne, St. Louis, etc., were not more indulgent, and in the 18th century men were burned and hung in France, England, and America for acts of pederasty.

In France, today, unnatural sexual relations do not fall under the influence of the law unless they constitute a public offense or an indecent assault; relations consented to by both parties and consummated in a private place escape all penalty. It is not the same in some foreign countries, as, for example, Austria and Germany. The Austrian penal code says that *unnatural coitus,* that is to say, coitus with animals or *between persons of the same sex,* should be considered as a crime, and the German penal code says that acts of unnatural debauch that shall have been committed *between persons of the male sex* or with animals shall be punished by imprisonment; the guilty person can further be deprived of his civic rights. So the French law punishes inverted relations only in certain

cases; the Austrian and German codes consider them punishable in all cases.[6]

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[6] This latter condition holds for England also. The Criminal Law Amendment Act of 1885 reads on this point: "Any male person who in public or private commits, or is a party to the commission of, or procures or attempts to procure the commission by any male person of, any act of gross indecency with another male person shall be guilty of a misdemeanor, and, being convicted thereof, shall be liable at the discretion of the court to be imprisoned for any term not exceeding two years, with or without hard labor."

Speaking of the English laws, Havelock Ellis says, "Psychology of Sex," vol. ii, 2d edition, pp. 209 *et seq.*: "The existing law in England is severe, but simple. Carnal knowledge *per anum* of either a man or a woman or an animal is a felony (under 24 and 25 Vict., c. 100, sec. 61) punishable by penal servitude for life as a maximum and ten years as a minimum; the attempt at such carnal knowledge is punishable by ten years' penal servitude. The Criminal Law Amendment Act of 1885 goes beyond this, and makes even 'gross indecency' between males, however privately committed, a penal offense. The Criminal Law Amendment Act is in many respects an admirable enactment. . . . The clause from which I have quoted [*vid. supra*] is especially open to criticism. With the omission of the words 'or private,' the clause would be sound and in harmony with the most enlightened European legislation; but it must be pointed out that an act only becomes indecent when those who perform it or witness it regard it as indecent. The act which brought each of us into the world is not indecent; it would become so if carried on in public. If two male persons, who have reached years of discretion, consent together to perform some act of sexual intimacy in private, no indecency has been committed. . . . Moreover, 'gross indecency' between males usually means some form of mutual masturbation; no penal code regards masturbation as an offense, and there seems to be no sufficient reason why mutual masturbation should be so regarded. The main point to be insured is that no boy or girl who has not reached years of discretion should be seduced or abused by an older person, and that point is equally well guaranteed on the basis introduced by the *Code Napoléon*. However shameful, disgusting, personally immoral, and indirectly antisocial it may be for two adult persons of the same sex, men or women, to consent together to perform an act of sexual intimacy in private, there is no sound or adequate ground for constituting such act a penal offense by law.

"One of the most serious objections to the legal recognition of private 'gross indecency' is the obvious fact that only in the rarest cases can such indecency become known to the police, and we thus perpetrate what is very much like a legal farce. 'The breaking of few

We must now complete our picture and make you better acquainted with the details of the medical evolution that has brought the study of inverson to the point where it is at the present time, and also with the names of the physicians who have shared most brilliantly in this interesting work.

It is Westphal, as you know, who, in 1870, opens the period of the psychological study of inverts. In a memoir, entitled The inversion of the sexual instinct, a symptom of a neuropathic (psychopathic) state [Die conträre Sexualempfindung, Symptom eines neuropatischen (psychopathischen) Zustandes], he distinguishes in the chaos of inverted love a clear and precise morbid type: *congenital inversion,* a state in which an individual *is born* with an irresistible genital inclination for his own sex, an invincible horror for normal relations, and so finds himself naturally impelled to the search for abnormal methods of sexual satisfaction. Westphal published in his memoir two observations of congenital inverts, one dealing with a *woman* of thirty-five years, the other with a *man* of twenty-seven, and by means of them he traced the fundamental characteristics of the pathological type that he created: *a congenital state, a clear consciousness of the morbid disorder, hereditary taint; sometimes concomitance of other psychic disorders,* etc.

The light had dawned, and the scientific phase began, suc-

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laws,' as Moll truly observes, regarding the German law, 'so often goes unpunished as of this.' It is the same in England, as is amply evidenced by the fact that, of the sexual inverts, some forty in number, whose histories I have obtained, not one, so far as I am aware, has ever appeared in a police-court on this charge. This impunity can only lead to a contempt for law generally. Such an attitude is distinctly opposed to good social polity."

In Massachusetts we have a law even more inclusive than the Criminal Law Amendment Act referred to by Ellis, for it makes no distinction of sexes; in that respect it is more logical than the English law. It reads: "Whoever commits any unnatural and lascivious act with another person shall be punished by a fine of not less than one hundred dollars nor more than one thousand dollars, or by imprisonment in the state prison for not more than five years or in jail or the house of correction for not more than three years." (Revised Laws of Massachusetts, 1902, chap. ccxii, sec. 27.)—A. W. W.

ceeding the phase of chaos. And nevertheless it would be an error to think that Westphal had no *precursors.* The incontestable and uncontested merit of the German author will lose nothing in having justice done to those who opened the way in which he walked so brilliantly.

First of all let us cite, as an historical document, the delicate analysis of Diderot. In the conclusion of d'Alembert's dream, Mlle. de Lespinasse in addressing Bordeu, her interlocutor, says to him: "Whence come these abominable tastes?" "From everywhere; from a lack of balance, in youths; from a corruption of the intellect, in old men; from the allurement of beauty, in Athens; from the scarcity of women, in Rome; from the fear of the pox, in Paris." You see that there is a good deal of truth in these words.

Tardieu, in his brilliant studies on pederasty,—to which we have already alluded and of which we shall speak again,—Tardieu found that he was led to ask himself the psychological question. "I do not pretend," he says (p. 209), "to make people *comprehend that which is incomprehensible,* and penetrate into the causes of pederasty. But one may certainly be allowed to ask whether there is anything in this vice besides a moral perversion, besides one of the forms of *psychopathia sexualis* whose history Kaan has traced. Frenzied debauch and blasé sensuality can alone explain habits of pederasty in married men, fathers of families," etc. Elsewhere he returns to the subject: "A more attentive study should be given to the mental condition of certain individuals convicted of pederasty, and in whom the moral perversion might reach the point of insanity," etc. But Tardieu did not get beyond the point of questioning, and without further insistence he concludes: "However *incomprehensible,* however contrary to nature pederastic acts may appear, they should not escape the responsibility of the conscience, nor the *just severity of the laws,* nor especially the *scorn* of honest men." This was, you see, falling back into the commonplace rut after an interesting effort to get out of it.

The true medical precursor of Westphal is Casper. As early as 1852, this eminent professor had been able to recognize that all the adepts in inverted love are not *vicious,* and

that beside the vicious inverts there are,—what Westphal was to prove some years later,—*congenital inverts*. The following is an interesting quotation from Casper taken from the French translation of his treatise; it contains an expression that Dr. Lacassagne has since taken up with predilection, that of *moral hermaphroditism*:—

"In the majority of those who are addicted to it (inverted love), the tendency has existed from birth, and it constitutes, so to speak, a *moral hermaphroditism*. These men have an aversion for sexual relations with women, and their imagination is charmed by the sight of handsome youths or by the sight of statues or paintings, with which they love to fill their rooms. In others, on the contrary, this vice makes its appearance after a certain age, when they have become satiated with all natural forms of voluptuousness," etc.

Westphal had still another precursor, who, it is true, did not belong to the medical world, but his rôle in this question has been such that we may be allowed to pause and go into details.

From 1860 to 1869, a German magistrate, of cultivated mind and very distinguished breeding and manner, published a certain number of pamphlets with odd titles, which attracted a good deal of attention. They were signed at first with the pseudonym, Numa Numantius, and later bore the true name of the author, *K. H. Ulrichs*. From his birth K. H. Ulrichs was drawn genitally toward individuals of his own sex, and experienced repulsion for the opposite sex; he was thus clearly one of the *congenital inverts* whom Westphal described medically some time later. Ulrichs only had to observe himself in order to trace a faithful portrait of the born-invert, and this is what he had the courage to do; better still, to the portrait he added a baptismal name that has passed into medical literature: the term *urning*, or, better, *uranist*, by which the *congenital invert* is often known, was invented by Ulrichs.

"Our character, our sentiments, our instincts," says Ulrichs, in describing himself and those like him, "are not masculine, but feminine. This intimate feminine element is manifest externally only in our bearing; our external bearing is masculine only in the following points: training, the unchanging

environment in which we have grown up, the social position that has been given us. Masculine manners have been acquired artificially; *we simply play the part of men;* we play it as women play it on the stage."

K. H. Ulrichs was a militant uranist, who fought valiantly for the cause of those like himself; he dreamed of freeing them from their false social position by means of various procedures that he proposed, but, as might be imagined, with no success. But this is not the place to follow our author into this field; it is enough that we have indicated his share, which was great, in the evolution of the question.

We shall have nearly concluded with the predecessors of Westphal when we have mentioned the celebrated German psychiatrist, Griesinger, who, in 1868, in an introductory lecture, mentioned the frequency of the *inheritance* of sexual inversion.

The memoir of Westphal, as we have said, opens the scientific phase of separating a clearly defined type from the mass of adepts in abnormal love,—the congenital invert.

The medical movement inaugurated by Westphal has been actively continued from 1870 to the present day, and has had a double effect. On the one hand, the type created by the eminent German neuropathologist has been more and more confirmed and defined in all its characteristics; on the other hand, the shapeless mass of antinatural love has been profoundly excavated, and enlightened observation has been able to distinguish beside Westphal's type other new elements, so that today those facts that were formerly *defined, explained and completely contained in the single word, vice,* are now found distributed through clearly differentiated categories.

The collaborators in this double movement are numerous, and their names will frequently recur in the course of these chapters; let us mention the principal ones merely.

In Germany, whence the movement started with Westphal, and where it was localized for a long time afterward in the collection that Westphal directed, there is a name that should be put above all others, that of Krafft-Ebing, of Vienna; no one has studied inversion under its various aspects more than he; no one has produced so many and so convincing observa-

tions. Further, on all questions of anomalies of the sexual instinct, of *sexual perversion,* this author is an authority, and his fine book, *Psychopathia Sexualis,* translated into French from the eighth German edition, is on these subjects, the classical work, par excellence.[7]

Dr. Moll, of Berlin, has published a very interesting book on inversions with very many cases, from which we shall make extracts.[8]

In France it was not until 1882 that original investigations on inversion began, with the celebrated memoir of Drs. Charcot and Magnan.[9] Since then Dr. Magnan has greatly culti-

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[7] There is an authorized translation into English by Dr. C. G. Chaddock, of St. Louis.—A. W. W.

[8] The only edition of Moll's work to which Dr. Thoinot definitely refers is the French edition of 1893, a translation of an early German edition that was much less complete than the third German edition of 1899, concerning whose value I have already quoted the opinion of Dr. Havelock Ellis. To establish still further the authority of this able German writer, I will quote again from Ellis, *loc. cit.,* p. 39, merely adding parenthetically that Dr. Ellis himself is a recognized authority on the psychology of this subject. He says: "It is true that some of the most interesting and carefully detailed cases in the later editions of Krafft-Ebing's *Psychopathia Sexualis* were supplied by Dr. Moll, who has not only been able to fall back on his own medical practice as a specialist in nervous diseases, but has received great assistance from the Berlin police, who have furnished him with much material of great interest; he has also had the valuable advice throughout of a distinguished German scholar who is himself sexually inverted. In this work, however, Moll refrains from merely presenting clinical material. He attacks the problem which, now that so much material has been accumulated, becomes of primary importance: the nature and causes of sexual inversion. He discusses the subject as a psychologist more than as a doctor. For this task his previous able work on hypnotism shows that he was well qualified. Moll is accustomed always to bear in mind the broader scientific bearings of the problems he attacks. He is also a keen critic who rarely fails in acutely placing his finger on the weak points in accepted opinions, and he is judicially cautious in the statement of his conclusions. For the first time, Moll entirely clears away the ancient prejudices and superstitions surrounding sexual inversion, which even Krafft-Ebing had sometimes incautiously repeated."—A. W. W.

[9] Inversion of the genital instinct and other sexual perversions, *Archives de neurologie,* Nos. 7 and 12.

vated the field of the sexual inversions, and his contributions on these subjects are very extensive: clinical contributions from numerous observations that he has made, and, on the other hand, etiological contributions. He is, in fact, the author who, together with Krafft-Ebing, has thrown the most light on *mental degeneracy,* the *hereditary taint* on which inversion develops as well as all other perversions of the genital instinct.

The French school was established by Dr. Magnan, together with Drs. Garnier, Serieux, etc. Dr. J. Chevallier, of Lyons, in his thesis of 1885, produced an excellent summary and critical work on inversion, a work that he took up again in 1893, and that we shall more than once have occasion to refer to. Professor Brouardel and Professor Lacassagne, in their courses at Paris and at Lyons, have treated of inversion and other anomalies of the sexual instinct. Finally, among foreigners, we may mention the well-known names of Lombroso, Tarnowsky, Hammond, etc., who have studied perversions of the genital instinct.

Today we can divide individuals who practise inverted love into *two categories:* in the one are those who are *responsible* for the act that they perform, *having full consciousness of it, through simple perversity, through vice;* nothing forces them to these practices except immoral considerations, which they could perfectly well resist. *The inversion of the genital instinct in these individuals is entirely artificial;* it is, if you wish a brief characterization, *inversion-vice, the inversion of perversity.*

In the other group are quite different individuals: to be sure, they are often *conscious* of their acts and of the *social fault* that they commit; but *conscious or not* they are *irresponsible,* for they are *disordered* individuals acting under the dominating influence of a *morbid inclination that urges them on and triumphs over all resistance.* Inversion in these individuals is *natural;* as opposed to the other variety, it is *inversion-perversion,*[10] the *true inversion of the genital instinct, for it alone concerns medicine and psychology.*

[10] This expression, *inversion-perversion,* which is the exact form in which it appears in the French, I am strongly inclined to render, *inversion-deviation,* following the usage of deviation suggested by Dr.

Our elementary classification, then, is clearly established. Inversion of the genital instinct comprises:—

A. True inversion, *morbid or pathological inversion, inversion-perversion.*

B. *False inversion, artificial inversion, inversion-vice, the inversion of perversity.*

In morbid inversion as in inversion-vice we shall have subdivisions to make, but they will alter in no way this rational classification, which we take from Krafft-Ebing. We may now take up the two great categories of inversion and of their subdivisions.

G. L. Walton in his little book, "Why Worry." He says, pp. 99-100: "I have elsewhere suggested, and the suggestion has already found some acceptance, that when the variation is not definitely downward, *deviation* and *deviate* be substituted for the unnecessarily opprobrious and often inappropriate terms, *degeneration* and *degenerate*." It may be a question when an individual of one sex has the instincts of the other, whether he or she should be considered to have a variation downward; however that may be, the use of the word deviation would prevent the state from being confused with perversity, a point that all writers strongly insist upon. While this book was passing through the press I found opportunity to read a work that I bought in Paris a few years ago, entitled, "Physiologie et Evolution de l'Amour Sexuel," Paris, 1903, by Dr. H. C. Reymond, a book apparently intended chiefly for the laity, in which, on page 354, the author makes this same suggestion of substituting "deviation" for "perversion." —A. W. W.

CHAPTER XIV.

INVERSION OF THE SEXUAL INSTINCT (CONTINUED).

Inversion-perversion is met with under two conditions: (1) in the course of psychoses, where it is only a concomitant episode; (2) in degenerates, where it is known by the name of uranism.

INVERSION OF DEGENERATES, OR URANISM.

This morbid condition may be recognized by several large, distinctive characteristics.—Symptoms of uranism in man: physical conformation; functioning of the genital organs; external bearing and character.—Psychic and physical love.

Symptoms of uranism in woman: they are almost precisely the same as in man.

Début: uranism, a congenital affection, awakens ordinarily very early, and may often be foretold in the child even before the awakening of the sexual instinct.

Clinical forms. Form determined by the period of its appearance: acquired inversion or rather retarded inversion; forms determined by the vehemence of the inverted inclination and by the presence or absence of heterosexual feelings: psychic hermaphroditism, homosexuality, effeminacy and viraginity, androgyny and gynandry.

Uranism generally lasts throughout life; only psychic hermaphroditism and retarded inversion have a chance of disappearing.

We now begin the study of what we have defined under the terms *morbid inversion, true inversion, inversion-perversion,* to give it all the names with which we have qualified it, each of which characterizes, besides, one of the aspects of this anomaly of the genital instinct. This inversion, for which the subject should never be held responsible, is met with under two different circumstances:—

A. It appears sometimes under the aspect of an *accidental or concomitant symptom* in the course of various mental diseases; it constitutes a simple *episode* most often without interest, and, besides, very rare.

B. *True morbid inversion* is the inversion met with in mental degeneracy, and this we shall study at once. It is still known in medicine under the odd name of *uranism,* a name invented by H. Ulrichs, and adopted everywhere today.

INVERSION OF DEGENERATES, OR URANISM.

Degenerates exhibit all known varieties of perversion of the genital instinct, as we have shown in our summary study of degeneracy. So inversion would not be lacking in them, and to tell the truth it is not encountered in any other pathological state with the same frequency and the same psychological and medicolegal interest as here. Degenerates of every degree, from the *idiot,* stationed at the foot of the ladder, to the *superior degenerate,* may all exhibit inversion of the genital instinct; but the interest of this phenomenon increases with the rank that the subject occupies in the hierarchy of degeneracy.

The act of inversion committed by the idiot or by the imbecile, whether single or repeated, has, in fact, no importance and no psychological interest, and we will not spend time over it, but devote all our attention to inversion in the degenerate higher up, an inversion that exhibits *particular, distinctive* characteristics, that make of it a true ***morbid type.***

It was this that the study of Westphal defined and separated from all other perversions; hence it is only just to give it, as some authors have done, the name of *Westphal's type of inversion.* We will describe this morbid type, taking as our principal guides the works of Westphal, Charcot and Magnan, Krafft-Ebing, Moll and J. Chevallier, and our description will be given in the following order:—

1. Description of its great distinctive characteristics;
2. Symptomatic study in man, then in woman;
3. First appearance, course, duration and clinical forms;
4. Etiology and pathology.

Description of the Distinctive Characteristics of Uranism.

Uranism forms a special morbid type through the following characteristics, which should be fixed in the memory:—

A. The appearance of the anomaly from the first awakening of the sexual instinct, in other words, the *congenital character of the inversion.* This characteristic is lacking in

only one clinical form, rather rare, which we shall study under the name of *acquired,* or, rather, *retarded,* inversion;

B. *A sexual inclination for the sex to which the subject belongs,*—(homosexual inclination),—with *sexual repulsion,* variable but always distinct, for the opposite sex;

C. *Normal structure* and *normal functioning* of genital organs in the inverted rôle that they fill;

D. Complete *consciousness* of the abnormal state, which is, however, stronger than the will, like an *obsession* and an *impulsion;*

E. *Coexistence of various stigmata of degeneracy,* variable, however, in number and in intensity.

We will develop to the necessary extent each of these great characteristics in the course of our description, either while studying the *symptoms,* or in treating of the *course,* or, finally, in our *etiological analysis.*

Symptomatic Study of Uranism.

It seems to us proper to give a separate description of this anomaly in men and in women, and we will begin with the study in men. This order is justified by the fact that *apparently* uranism is more frequent in men than in women, and has been much more minutely studied and investigated.

Uranism in Men.

We will pass in review the various characteristics that deserve to be considered; they relate to the following points:—

Physical conformation of the individual;
Functioning of his genital organs;
His outward bearing, tastes and characteristics;
Psychic and physical love.

Physical Conformation. — The *physical conformation* of uranists is, as we have already said, entirely normal, entirely *masculine.* The *genital organs* of these individuals correspond to the regular type, except in a small number of cases, of which Krafft-Ebing has made a special class under the name of *androgyny;* in these cases there is no true hermaphroditism, but only at times an arrest in development of the sexual organs.

It is in these cases of androgyny, which, as we have said, are exceptional, that the general conformation of the body and the type of the face exhibit a marked evolution toward the feminine.

Functioning of the Genital Organs. — The normal functioning of the genital organs in uranists is one of the characteristic signs of inversion. These organs perform the inverted act,—whatever it may be,—with the same physiological perfection that the organs of normal subjects practise regular coitus; erection and ejaculation in uranists take place according to the normal type. However, we should note in them the rather frequent occurrence of *genital hyperesthesia,* or *excitable weakness:* a simple contact, the sight of an exciting object, are often sufficient to produce in these subjects an orgasm and ejaculation; this is met with only rarely in normal subjects. Finally, the *genital vigor* of uranists seems at least equal to that of subjects living a regular sexual life.

The Outward Bearing, Tastes, and Character.—It must be stated in the beginning as a fact that the outward bearing, character, and intelligence of many uranists are perfectly normal, so that it is impossible to distinguish them in any of these respects from non-inverted subjects. A large number of uranists have occupied a high social position, and their lives have passed without its being possible for a suspicion of uranism to be attached to them, so normal have they appeared in all respects; such was the university professor of whom Charcot and Magnan have given us an account, and such were those high officials, those doctors, etc., of whom Krafft-Ebing and Moll have furnished such interesting biographies. All these and many more besides could pass in all respects for men of normal *outward bearing, character,* and *tastes.*

But sometimes the outward bearing, the character and the tastes undergo a transformation more or less marked according to the case: the uranist *becomes effeminate,* and this phenomenon is marked by striking characteristics. Some uranists have adopted female costume, and have passed their lives in this disguise. Moll cites several examples of this fact, and Taylor has related the curious history of Elsie Edwards.

After the age of fourteen this individual dressed in women's

clothes. He first appeared as an actress and wore long hair, like women, parted in the middle. The conformation of his face was somewhat feminine, but the rest of his body was completely masculine. He had the hair carefully removed from his face, and his genital organs, virile, vigorous and well developed, were fastened by a bandage up against his abdomen.

Wyse has published the very curious case of a woman who, under the name of Joseph Hobdell, for a long time led the wandering life of a trapper in North America, and contracted a union with a woman, who became her companion in her life of adventures. But this complete transformation of costume is rare among uranists; what is more ordinarily seen is a *partial* transformation, *toilet devices* and a *coquetry* that are the normal property of the female sex.

Some uranists wear curly hair, pencil their eyebrows, use powder, and deck themselves with jewels, bracelets, earrings, etc.; others content themselves with feminine underclothing,—very long, gay stockings, women's boots, corsets. This underwear allows them to act the woman as closely as possible with their lovers.

The *rooms* of some uranists sometimes resemble the boudoir of a fashionable lady; they like to ornament them with engravings and statuary representing nude male figures. Some exhibit a marked liking for feminine employments: knitting, crocheting, lace-work, tapestry, sewing, etc., work at which they often succeed in acquiring great skill. The counterpart of this inclination is a dislike for forms of physical exercise and occupations in which normal men take pleasure.

Some possess a truly feminine gait; they have that *swaying* in walking, and that movement of the hips so characteristic of women. This feminine tendency is not exhibited alone in outward bearing and in tastes; it may appear also in the *character*. The uranist shows certain faults more common in women than in men, such as vanity, love of gossip and of scandal, etc. The feeling of *modesty* may also undergo in these cases a very remarkable inversion; the uranist dreads to undress himself before men, and experiences, on the contrary, no shame at doing so before women. These various manifestations of effeminacy, which, let us repeat again, you

should not expect to find in all uranists, begin to manifest themselves at the time of puberty.

Uranists are fully *conscious of their anomaly;* Westphal has said that this knowledge renders them very unhappy. It is certainly painful to many of them to see that they differ from other men, to feel that they are bent from birth beneath a *fatal,* irresistible law, from which nothing can free them, and that all their efforts to emerge from this abnormal situation will most often fail of any result. This feeling appears in a very vivid way in most of the autobiographies of uranists, and in some results in deep misanthropy or in ideas of suicide. Death must have seemed to some the only means of preventing public knowledge of their sad anomaly, as, for example, on the eve of a marriage that they have been obliged to accept and whose duties they know that they are incapable of fulfilling. But it must be admitted that such is not the *state of mind* of uranists in all cases. Some accept their lot with resignation, as, for example, the Countess, Sarolta of V——, a remarkable invert of whom we shall speak.

"God has implanted love in my heart," she said; "if He has created me thus and not otherwise, is it my fault, or are these the incomprehensible ways of Providence?" Others find a great compensation for the chagrin of their anomaly in the satisfaction that fortunate love affairs give them, and they frankly admit that they regret that there are not more inverts.

Others, finally, are troubled with only one thing,—the contempt in which normal men hold them. This contempt seems to them sovereignly unjust, and still more so the laws against them in certain countries. Not responsible for the condition in which a caprice of nature has placed them, and incapable of changing this condition, they revolt against public opinion and against the laws directed against them, and claim distinctly a more enlightened future. K. Ulrichs was the type of these militant uranists.

The *social* relations of uranists with women form an interesting chapter. A large number of these individuals experience no repugnance in associating with women; it should be noted that they easily know how to make women value them, for they themselves experience and analyze the tastes of women

more finely. There are even uranists who marry, as we shall see, and we will describe what such a household may be.

Some uranists, however, energetically avoid female society, and make themselves conspicuous in the world by their savagery. Finally, a last category consists of those inverts who, in order to conceal their real condition, willingly associate themselves with girls, and seek to pass themselves off as fortunate men.

Uranistic Love, Psychic and Physical. — As a rule, the psychic love and the physical love of the uranist are directed only toward men, and the male invert turns away from women with the same horror that a normal man turns away sexually from men; as a rule, the uranist is impotent toward women, and is potent only in homosexual relations. Such is the rule, but it is not absolute, and we must at once know its exceptions. There is, in fact, a group of inverts whom Krafft-Ebing has baptized with the very just name of *psychic hermaphrodites,* and who, situated on the border line of inversion, form the transition between the normal individual and the typical uranist.

These psychic hermaphrodites do not have, as we shall see, an *absolute, permanent* aversion for the normal act which they perform, *sometimes along with the perverted act, sometimes at intervals,* according to circumstances and according to the morbid degree that they occupy in the extended scale of psychic hermaphroditism.

All other uranists come within the rule and are not slow to give up normal coitus, which they very soon recognize that they are impotent to accomplish, or which they perform only with *disgust* and *excessive fatigue* (this is a characteristic trait), and through superexciting the imagination by thinking of nude males and of sexual relations with men, just as a normal individual stimulates his imagination in his relations with a woman who only moderately pleases him by imagining that he is in the arms of some other woman whom he greatly desires. So that with the interesting exception that we have noted, the *psychic* love and the *physical* love of the uranist are directed only toward men.

Krafft-Ebing has characterized the psychic love of the uranist by a marvelously just expression: It is, he says, the

caricature of normal love, a caricature pushed to exaggeration, we might add, for the subject concerned is in unstable equilibrium, a hyperesthetic. We shall find in psychic inverted love the same *fancies, caprices, humors,* that we meet with in normal love, and, just as in normal love, inverted love has its *dramas.* The fancies and caprices of normal love are familiar: one man likes blond women, another wants brunettes; one prefers tall women, another short, etc.; in brief, the type of the *ideal woman* is very varied, and varies almost with each individual man. It is the same in *inverted love.*

We should note at the very beginning that love directed toward children is very rare in the true uranist. Krafft-Ebing's statement is correct: the man who is looking for children, for small boys, is a *libertine,* a *vicious invert* and not a *uranist.* What the uranist prefers, as a general rule, is the adult male, normal *(not inverted)* and vigorous, and this explains the small liking that uranists *in general* exhibit for other uranists who, in their eyes, are merely *women* like themselves. In this fact we also find the reason why pederastic prostitution is recruited from normal individuals (not inverts) who, more than others, are suited to please uranists and to afford them psychic and sexual satisfaction. Nevertheless it cannot be disputed that sexual relations between uranists are frequent: this comes out clearly from the perusal of the observations and autobiographies of these individuals.

The tastes of the uranist are naturally very varied: one likes blonds, another prefers brunettes; one likes men with a thick beard, etc. . . . Just as in normal love, we find *depraved* choices in inverted love: such as the taste that leads the uranist to persons in rags, to the dregs of the people, just as certain normal individuals prefer filthy women from the lowest classes to all others. An inclination that seems to be very common in the uranist world, at least in Germany, is the desire for soldiers: the reason doubtless is,—as certain uranists confess,—that soldiers, at least German soldiers, are often easy to seduce and for money ready to satisfy the wishes of the invert.

Inverted love is frequently characterized by *violence* and *passionate exaltation.* The uranist *loves like a woman,* and,

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like a woman, he would willingly sacrifice his person for the object loved. He writes intensely passionate letters, which he often signs with a feminine name, and in his confessions knows how to depict his love episodes in terms of glowing vividness. He tastes all the joys of happy love, but he also experiences the despairs of unhappy love and attacks of terrible jealousy that may lead him to crime, attacks of which the following is a very striking example. We take it from the interesting studies of Dr. Garnier, of whom we shall have occasion to speak more than once.[1]

A congenital invert, a degenerate, and, further, a *blouse-fetichist* (these are frequent combinations, as we shall see), met one day in the Champs Elysées the type of his ideal, the one whom he *could not get along without;* he joined him and they both indulged in homosexual relations. This invert was madly in love with his affinity. "I became," he says, "extremely jealous. Perceiving that he was going with women, my heart was pressed as in a vice. I wanted to kill the woman who took him from me and so *took possession of my life.* I was so violently affected that I had the jaundice and fell sick."

Repulsed by his friend, he came to a criminal resolve: "I determined to destroy that pretty face that I had loved so much and that was given to others. The day when I *followed him with a razor* intending to slash his face, I had taken two glasses of absinthe to excite me . . ."

Constancy is not a trait of uranistic love; inverts are, with rare exceptions, rather flighty and have temporary love affairs. After this sketch of *psychic love,* let us study *physical love* and its manifestations.

But first of all be it known that there are a certain number of inverts who never indulge in a single act of homosexual love, who never have had and who never will have sexual relations with a man. Solitary masturbation is their only genital practice, and they perform this while *calling to their imaginations male forms and nude males,* or else imagining those *homosexual relations* that they ardently desire, but that they

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[1] Les fetichistes, pervertis et invertis sexuels, *Annales d'hygiène et de médecine légale,* 1895.

deny themselves from a feeling of high morality. Inverts of this sort are rarer than the others; Krafft-Ebing has collected several cases of them. (See observations 114 and 121, and observation 119, where the subject had had only one homosexual relation, etc.) You can imagine the horrible life of these unfortunates, who have a genital impulse often very strong, to whom normal methods of satisfaction are repugnant, and who resist the *obsession* for inverted satisfaction that assails and follows them at all times. In the *Annales médico-psychologiques* will be found the analysis of an interesting case published by Savage, that of an unfortunate American who lived in the constant, *agonizing* fear of yielding to his *inverted impulses.* Such a struggle is well fitted to weary these unfortunates and make them fall into the most profound moral depression. The much more numerous uranists who give themselves up to their imperious inclination and indulge in practices of homosexual love perform a great variety of acts, of which we need say only a few words, as the subject is only of mediocre interest.

Anal coitus is very rare; most often it is repugnant to uranists, and all the autobiographical testimonies of these individuals are sufficiently in accord on this point. If the uranist consents to yield to this act, he generally plays the passive rather than the active rôle.

Oral coitus[2] and *perineal coitus,* both active and passive, are the most usual practices, but the most widespread by far is *masturbation,* either active or passive or mutual, that is to say, both active and passive at one and the same time. We will not speak of those complicated maneuvers that, after all, are merely the analogues of those somewhat perverse refinements found in normal relations.

In these abnormal relations the uranist, of hyperesthetic sexuality, often obtains the orgasm and ejaculation by the simple act of practising manual or oral masturbation on his friend, or by having perineal coitus practised on himself; his

[2] Dr. Thoinot uses the term *buccal onanism,* which, in English at least, is an undesirable expression. Many continental writers and Dr. Ellis, of England, use the word *fellatio* for the act, and it seems to serve well as a technical expression.—A. W. W.

genital hyperexcitability is sometimes such that even the act of embracing or of simply touching the one he loves procures him sexual satisfaction, and he stops there. To complete the subject of uranist love we should mention two further points of interest: *erotic dreams* and other *genital anomalies or aberrations* concomitant with inversion.

Erotic Dreams.—The individual of normal sexual instincts has erotic dreams, whose subjects are women and normal sexual practices; these dreams are sometimes accompanied by pollutions. The uranist also has erotic dreams, but they are *inverted erotic dreams.* What he sees and what sometimes causes pollutions in him is the nude male and scenes of inverted love. He never dreams of the nude female or of scenes of normal coitus, and if he sees such things in his dream, he is no more excited by them than by any commonplace dream whatever. Nothing proves better than this fact how deeply rooted inversion is in the uranist and to what extent it is an integral part of the individual.

Various Concomitant Genital Anomalies and Aberrations.—We said above, recalling Krafft-Ebing's expression, that uranist love is the *caricature* of normal love, and the thing is true to the point that you can find all the aberrations and anomalies of normal love in inverted love. As there are masochists in normal love, so there are *masochists* in inverted love; inverted love has its *sadism* like normal love, and like it also its *fetichism.* It seems unnecessary to dilate on these various perversions, which we shall take up at the proper time and place in the course of the following chapters.

Having finished our sketch of the male invert it remains for us to present that of the female invert.

Uranism in Women.

We shall treat this subject rather briefly since the characteristic traits that we have just gone over are found in the inverted woman just as in the inverted man, and we merely have to describe the distinctive variations in the inverted woman. As in men you will find a normal physical conformation in the great majority of cases, and a normal functioning

of the genital organs in the inverted act, whatever that may be. The outward bearing, the character and the tastes sometimes undergo no appreciable modification, and sometimes, on the contrary, they exhibit a masculine tendency carried to a greater or less degree, etc.

Let us now note some of the *special traits* of inverted women. It will easily be understood that the inverted woman can have heterosexual relations more easily than the inverted man, for she is not concerned, as is the male uranist, with *impotence,* a factor that forms an invincible obstacle to heterosexual union. The woman merely has to remain passive, and she can do so, whatever may be her repugnance to the act, if an important reason demands that she submit to it: such is the case in marriage. Mrs. R——, a married woman, whose case Krafft-Ebing has reported, was greatly depressed morally by her first coitus. Later she was amiable toward her husband, submitted to his caresses, and remained absolutely passive during coitus, which she sought to avoid as much as possible; after the act she was for entire days *fatigued, worn out, and tormented by a nervous and spinal irritation.*

The manner in which female inverts satisfy their sexual passion is naturally not very varied; the practices consist in *tribadism* (mutual friction of the sexual parts in contact with each other), *saphism* (cunnilingus), and *masturbation.* And just as there are platonic male uranists, there are also inverted women who have never yielded to the *obsession* of homosexual relations, and whose only genital satisfaction consists in solitary masturbation.

We have spoken above of the terrible jealousies of uranist love, sometimes going as far as an assault on the faithless one. It is not surprising that women carry into their inverted love the same violence of passion that they possess in normal love, and to close this paragraph, we may cite a tragic case which occurred in 1892 at Memphis (United States). Two young girls, Alice and Freda, had become united in inverted love far from platonic; their families interfered, separated the two lovers, and Freda was betrothed to a young man. Not being able to possess her friend longer and wishing to prevent her

from becoming another's, Alice killed Freda in the open street of Memphis with a razor.[3]

The Début, the Course, the Duration and the Clinical Forms of Uranism.

The Début.—One of the chief characteristics of uranism,—and one that is lacking in only one form, to which we shall soon devote a few words, *acquired* or *retarded* inversion,—is that the normal inclination may be clearly *foreseen,* sometimes with surprising precocity, during childhood, *even before the awakening* of the sexual instinct: the reason for this phenomenon is found in the fact that the uranism is *innate, congenital.*

At the awakening of the genital instinct, that is to say, at puberty, the inverted disposition manifests itself by unequivocal signs, and finally finds its definitive path during adolescence, sometimes at once, sometimes after several experiments. Such are the *fundamental laws of the evolution* of uranism, laws that we will now develop.

The child who is a future invert, if a boy, will have all the tastes of a girl, will play and occupy his time in the manner of a girl; if the subject is of the female sex, she will have the tastes, the amusements and the occupations of little boys. Sometimes even, as in the case observed by Charcot and Magnan, which we shall quote in a moment, and in still others of which it would not be difficult to collect an imposing number, depraved tastes of singular precocity appear in the child and speak clearly in favor of the *innate* character of the perversion.

At puberty, at the moment when the genital instinct awakens, the future male invert seeks the society of other boys, avoids that of girls, masturbates with unusual pleasure and is excited by the sight of male forms and of nude males, whom he knows how to seek out with unusual ingenuity and refinement. The girl destined for inversion exhibits inverse tastes.

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[3] Another interesting case of female inversion will be found in the article by Dr. Allen M'Lane Hamilton, entitled "The Civil Responsibility of Sexual Perverts," in the American Journal of Insanity, vol. lii, April, 1896, pp. 503-511.—A. W. W.

The patient who is the subject of the celebrated first observation of Charcot and Magnan's memoir expressed himself thus concerning his sensations as a child and as a young man:—

"My sensuality," he says, "was manifested as early as *six years* of age by a violent desire to see naked boys of my own age or naked men. This desire was not very difficult to satisfy since my parents lived near a barrack where the soldiers took no precautions to prevent their virile parts from being seen. One day I saw a soldier masturbating himself (I was *eight years* old perhaps); I imitated him and experienced, in addition to the pleasure from my imagination that was fixed on the soldier, the physical pleasure of a very strong tickling sensation. I continued to give myself this pleasure, always exciting my imagination by the recollection of naked men. My parents left N—— to settle in B——; there I saw soldiers who used to go to bathe in a very picturesque little river; they bathed completely naked. I conceived the idea, in order to gratify myself, of going to sit on the bank of the river and sketching the landscape; in this way I used to see the soldiers without appearing to watch them. Toward the age of fifteen *puberty* occurred; my masturbation gave me so much the more pleasure; besides, I produced erections and their consequences as much by my imagination as by movement. It has happened more than once that I have had an erection, a sexual convulsion and loss of semen at the mere sight of a man's virile member . . ."

This is a typical case: the homosexual inclination is manifest in all its characteristics from childhood. I knew of another case in which a young man used to go to the dormitory every night and raise the bedclothes of his companions so as to gaze at their genital organs. In the cases that we shall soon have occasion to cite we shall again find traits of the same order.

Next we come to the adolescent invert, who is about to enter on his genital life. Sometimes he enters upon inverted love at once, seduced by an older man or by a comrade, and *recognizes his path* at the very beginning; a futile essay at heterosexual intercourse disgusts him forever, and he never departs again from inverted practices.

Sometimes he is ignorant of his condition for a long time; he tries to imitate what he sees his comrades about him do. He attempts normal coitus and perceives with alarm that he is impotent toward women, and that his attempts, whatever their number, are always crowned with the same lack of success, or else he feels keenly that coitus, *even though successful,* does not give him true sexual satisfaction. As a result he has a strong feeling of despair, and believes that he is the only one who has such a singular experience. But some day he finds a confidant, *one like himself;* homosexual relations are established between them, and his sexual course is found.

The following observations, which we summarize from Krafft-Ebing, will show the beginning of the abnormal genital life in congenital inverts, and will develop the scheme that we shall present; they contain, in addition, interesting traits in the childhood and puberty of these subjects. The first and the second are autobiographies of physicians (observations 112 and 115 of Krafft-Ebing) :—

1. "My affection for my own sex awoke at the age of *eight,*" says this subject. "All at once I experienced a feeling of pleasure at seeing the genital organs of my brothers. *Fratrem meum juniorem impuli ut alter alterius genitalibus luderet, quibus factis penis meus se erexit.* Later, when bathing with the school children, the boys interested me much, the girls not at all. I had so little taste for them that at the age of fifteen I thought that they were provided with a penis like the rest of us. When in company with boys having the same tastes, we used to amuse ourselves *vicissim genitalibus nostris ludere.*

"Then I was put in the academy. I was already sexually developed, and when we bathed I used to amuse myself with the boys in the manner that I have indicated, later also by *imitatio coitus inter femora.* I was then thirteen years old. Girls afforded me no pleasure at all. Violent erections led me to play with my genital organs; in this way I came to practise masturbation. I was greatly frightened at the result, and considered myself a criminal; I confessed to a schoolmate of sixteen years. He enlightened me, reassured me, and formed a love connection with me. We were happy and we satisfied

each other by mutual masturbation. Besides this I masturbated myself also. At the end of two years this connection was broken up; but even today, when we meet by chance,—my friend is a high official,—the old flame lights up anew.

"This period of time that I passed with my friend, H——, was a very happy one, and I would gladly purchase its return with my heart's blood. My life was then a pleasure; my studies were like easy play for me; I was enthusiastic over everything that was beautiful.

"During this time a physician, a friend of my father's, seduced me by caresses while he was on a visit, and masturbated me. He then practised mutual masturbation with me, and told me that for him this was the only method of sexual gratification. This physician was a man of fine presence, and the father of two sons aged fourteen and fifteen, with whom, the following year, *I formed a love connection similar to that which I had with my friend, H——*.

"I had grown up; women and girls made all sorts of advances to me, but I fled from them as Joseph fled from Potiphar's wife. At the age of fifteen I came to the capital. I had only rare opportunities of satisfying my sexual inclination. In recompense I had the sexual orgasm at the sight of images and statues of men, and I could not prevent myself from ardently embracing the statues I loved. My principal chagrin was the fig leaves that covered their genital organs.

"Once, at the age of seventeen and a half, when I was in a state of intoxication, I was made to perform coitus with a woman. I forced myself to it, but as soon as the act was accomplished I fled, filled with disgust. Just as after my first active masturbation, I had the feeling that I had committed a crime. During a new attempt that I made without being intoxicated, *puella nuda pulcherrima operante erectio non evenit*, while the mere sight of a boy or the contact of my thigh with a man's hand used to make my penis as hard as steel. A short time before my friend, H——, had the same experience. We puzzled our brains, but in vain, to find the cause of it. So I left women for what they were, and found my pleasure among my male friends in passive and mutual masturbation . . ." etc.

2. "My genital instinct," says Dr. X——, in his confession to Krafft-Ebing, "was aroused at *thirteen,* and was directed from its very beginning toward vigorous young men. At first I was not aware of the abnormal character of this inclination, and I did not find it out until I saw and heard how my comrades felt in sexual matters. At the age of thirteen I began to masturbate. At seventeen I left home and went to an academy in a large capital city, where I boarded at the house of a married professor. Later I had sexual relations with the son of this professor. That was the *first time* that I experienced *sexual satisfaction.* Later I made the acquaintance of a young artist, who soon perceived my abnormal inclinations and confessed to me that his case was the same as mine. I learned from him that this anomaly was very common; this information overthrew the idea that greatly troubled me, that I was the only abnormal individual. This young man had numerous acquaintances who shared his tastes, and he introduced me to a circle of his friends. There I soon became the object of general attention, for, as he said, I promised much physically. Soon I was idolized by a gentleman of a ripe age, whom I received for a short time; then I listened with complaisance to the proposals of a young and handsome officer who was devoted to me. To tell the truth, he was my first love.

"After having attained my baccalaureat, at the age of nineteen, and freed from school discipline, I made the acquaintance of a large number of people having my inclinations, among others Karl Ulrichs *(Numa Numantius).*

"Later, when I took up the study of medicine and entered into relations with many young men of normal nature, I often found myself obliged to yield to my comrades' invitations and visit public girls. After being *covered with shame before several women,* among whom some were very beautiful, the opinion spread among my friends that I was impotent. I gave support to this belief by relating fictitious excessive exploits that I had formerly accomplished with women . . ." etc.

3. The following observation is of a congenital invert who took longer in finding his way than the two preceding. The abnormal sexual instinct awoke early in his case. At the age

of *three years* a fashion journal fell into his hands by chance, and he kissed the *beautiful engravings* of men without paying the least attention to the figures of women.

Detesting boys' games, he gladly played with girls and made dresses for dolls. While still a small boy he used to stay for entire hours near closets to try to see the sexual organs of men. At thirteen years of age he began to indulge in masturbation and his taste for male forms and nude males increased from day to day.

"At seventeen and a half I tried coitus," as he himself writes, "with a public girl; but, *seized with disgust and repugnance,* I was incapable of accomplishing it. *Still other attempts failed* up to the age of nineteen. Then I succeeded once; but the coitus gave me no pleasure, and left me rather a feeling of disgust. I had forced myself; I was proud of my success, of this proof that I was indeed a man, a fact that I had begun to doubt.

"Later attempts *did not succeed. The disgust was too intense.* When the woman was undressing, I had to put the light out at once. Then I thought myself impotent; I consulted physicians; I frequented baths and hydrotherapeutic establishments to cure my assumed impotence, for I did not have the faintest idea what I ought to think of it." It was not, in fact, until twenty-five years old that he found himself, seduced by a monk, who initiated him into the practices of inverted love.

Clinical Forms of Uranism.—In our study thus far we have become acquainted with the general physiognomy of the degenerate invert, the uranist. But all uranists do not resemble each other exactly, and it is time to learn the varieties of the different clinical types.

These clinical types may spring from two different elements:—

1. *The time of the appearance of the morbid manifestation.*
2. *The vehemence of the inverted feeling, and the concomitant presence or absence of a heterosexual feeling.*

Let us begin with the type of inversion based on the time of the appearance of the morbid manifestation. There are two principal types: the *congenital* and the *acquired,* or better, *retarded.*

Uranism *is, in the great majority of cases, congenital,* and it is thus that we have looked at it, up to the present. We have made its *congenital character* one of the distinctive major traits of the inversion of degenerates, and we have described the awakening and the evolution of the congenital inverted feeling.

But it seems to me certain that beside this congenital type there is room to admit cases in which the abnormal feeling *does not appear until rather late in the degenerate:* this is what Krafft-Ebing calls *acquired inversion,* and which, it seems to me, more appropriate to designate by the name of *retarded inversion.*

As a matter of fact, the inversion was *latent* in the affected individual up to the day when, under the influence of *some chance cause or other,* it comes out in broad daylight, and henceforth the sexual life of the degenerate finds itself directed along its true course; it leaves the normal way where it was wandering about and enters the inverted path, which is indeed its own.

The following cases will show how the passage from the normal life to inversion is made:—

1. An official who gave his autobiography to Krafft-Ebing began his sexual life in a perfectly normal way and with lively desires for the opposite sex. "Then," he says, "an incident occurred that produced a change in me. One evening I was going along with a friend and being a little intoxicated, I took hold of him *ad genitalia* for a joke as he was entering his house. He did not make much objection; then I went up with him to his room; we masturbated each other, and often after that we practised this mutual masturbation; there was even *immissio penis in os* with ejaculation. What is strange is, that I was in no way in love with this comrade, but passionately fond of another of my companions, whose presence never produced the slightest sexual excitement in me, and in my mind I never associated him with any sexual acts. My visits to the bawdy house, where I was a welcome client, became less and less frequent; I found a compensation at my friend's, and no longer cared at all for sexual relations with women."

2. Mr. Z——, whose brother was a *uranist,* consulted Krafft-Ebing, when thirty-two years of age, under the following circumstances: At seventeen he practised coitus and did so with pleasure and complete potency. At twenty-six he married, and when his wife suddenly became ill he satisfied himself with women and by masturbation. Four years back he perceived a progressive weakening of his power of erection and a diminution of his *libido* for women. He began to feel drawn toward men, and the scenes of his erotic dreams were no longer peopled by women, but by male individuals.

Three years back, when a servant in a bath was massaging him, he became greatly excited sexually (the servant also had an erection, a fact that struck the attention of the patient). He could not restrain himself from pressing against the man, from embracing him and letting himself be masturbated by him,—an act that the latter willingly performed. From this moment *this method of sexual satisfaction was the only one that pleased him. He became absolutely indifferent to women.* He sought men only.

3. Ilma S—— (an observation from Krafft-Ebing) was hysterical and degenerate, and began her sexual life by a liaison with a young man, a liaison in which she showed herself ardently amorous. Abandoned by her lover, she led an adventurous life, disguised herself as a man and took up men's occupations. She gave up this life of disguise, and one day, when taken to a hospital for hysterico-epileptic attacks, she exhibited the most pronounced inclinations for her own sex. The patient became importunate in her attentions to the female nurses and her hospital companions. She admitted then that she had a decided taste for her own sex and an aversion for men.

4. Moll (p. 206) has cited the following curious case: an individual, up to the time absolutely normal from the sexual point of view in that he had had relations only with women, came to Paris, and there made the acquaintance of a person who suggested that he go with her to her room. He accepted the proposition, and in a state of great excitement intended to spend the night with her. The young person undressed, and the man discovered, with amazement, that the individual whom he had followed was a man dressed in women's clothes. Under

normal conditions the mere idea of relations with a man would have sufficed to make him reject any physical contact; but here there was nothing of that: the man let himself be masturbated by the other, and from that moment became the prey of the most characteristic sexual inversion.

To sum up, the *retarded uranist* has lived a normal sexual life and has shared physiological heterosexual inclinations up to the day, *deferred for a longer or shorter time,* on which some cause changes his sexual life. This cause in examples 1, 2 and 4, which we have cited. is seduction. In other cases it may be masturbation, bad example, abstinence, etc. The nature of the cause is of little significance: *it does not create uranism;* it is merely the bringing into manifest action a latent inversion.

The uranist of this type *does not acquire* his inversion, for the reason that the *germ* of inversion exists in his ill-balanced organism; the development of the germ has merely been delayed, and it is for that reason that I prefer the term *retarded* inversion to the term acquired inversion.[4]

Once awakened, retarded inversion shares the great char-

[4] Concerning the possibility of the acquirement of inversion by one not predisposed to it, Dr. Ellis in the second volume, second edition, of his "Psychology of Sex," says, p. 157: "I am in agreement with a correspondent who wrote: 'Considering that all boys are exposed to the same order of suggestions (sight of a man's naked organs, sleeping with a man, being handled by a man), and that only a few of them become sexually perverted, I think it reasonable to conclude that those few were previously constituted to receive the suggestion. In fact, suggestion seems to play exactly the same part in the normal and the abnormal awakening of sex.' I would go so far as to assert that for normal boys and girls the developed sexual organs of the adult man or woman—from their size, hairiness, and the mystery which envelops them—nearly always exert a certain fascination, whether of attraction or horror. . . . The seed of suggestion can only develop when it falls on a suitable soil. . . . I have, therefore, little to say of the influence of suggestion, which has sometimes been exalted to a position of the first importance in books on sexual inversion. This is not because I underestimate the great part played by suggestion in many fields of normal and abnormal life. It is because I have been able to find but few traces of it in sexual inversion. . . . Their importance seems usually questionable even when they are discovered."—A. W. W.

acteristics of the ordinary type of inversion, of congenital inversion; we find there homosexual inclination and heterosexual aversion; the characteristic of a full consciousness of his anomaly on the part of the subject, and at the same time the impossibility he experiences of effective resistance: it is *legitimate uranism.* And this is another proof that the anomaly was really in force in the individual through his taints of degeneracy. We shall see in fact, in the next chapter, that masturbation, seduction, abstinence, or bad examples have never been able to make out of a normal individual a *true invert,* a *uranist:* they may have made him *vicious,* nothing more, and that is not at all the same thing.

It seems, however, that retarded inversion is *a little less pure,* clinically, than congenital inversion. The homosexual feeling may disappear some day, either spontaneously or under the influence of well-directed treatment; retarded inversion is one of the rare forms accessible to therapeutics.

But we will not delay longer with this type, which is *relatively rare* and in all respects much less interesting than congenital inversion, of which we shall now describe the clinical forms based *on the degree of intensity of the inverted inclination, and on the presence or absence of concomitant heterosexual feelings.*

The four classes established by Krafft-Ebing according to these characteristics seem well defined, and we give them in an *ascending* series, the inversion becoming more pronounced in passing from a lower class to the one immediately following it. These four classes are:—

1. *Psychic hermaphroditism;*
2. *Homosexuality;*
3. *Effemination* and its opposite, *viraginity;*
4. *Androgyny* and its opposite, *gynandry.*

This classification is strictly clinical; it shows clearly the various degrees, diminutions and increments of inversion.

Psychic Hermaphroditism.—You are already familiar with this type. It is characterized by the fact that the subject, "in addition to a pronounced feeling and sexual inclination for individuals of his own sex, also has an inclination for the opposite sex. But the latter is weak, while the homosexual

feeling occupies the first place and manifests itself as the dominant instinct in the sexual life by its duration, its continuousness and its intensity. The heterosexual feeling may exist in *a rudimentary state, contingently,* only manifesting itself in the unconscious life (in dreams), or it may *burst forth strongly* (at least periodically)." (Krafft-Ebing.)

The future of these inverts is variable; there is every chance of their turning into the highest degree of inversion and of seeing the light of heterosexuality that they still possess, extinguished. However, they may sometimes be led back to the normal state by suitable treatment: they are, together with the *acquired inverts* of whom we shall speak below, the only inverts who may be cured. The group of psychic hermaphrodites thus composed is a group intermediate between the normal state and the pure inversion of the following groups from which all heterosexual feeling is banished.

Moll has observed with reason, as it seems to us, that the class of psychic hermaphrodites is still vaster, and that it may exhibit *all types of transition* between the normal state and the state of total inversion; we see the heterosexual feeling and the homosexual feeling shared by the same individual in all proportions inversely increasing and diminishing.

It is in this group that we meet especially married uranists and fathers of families; it is in this group again that we find those individuals who keep up at the same time sexual relations with women and sexual relations with men. And, finally, it is in this group, I believe, that we should place cases like that which we shall cite in the next chapter, in which an individual sexually normal may present, from time to time, *periods of homosexual love.*

Homosexuality.—In this group, one degree higher up, the sexual inclination of the invert turns exclusively to individuals of the same sex, and all trace of heterosexual inclination has disappeared. But contrary to what we find in the following group, the phenomenon remains purely sexual: the *character, tastes* and *outward bearing* remain those of a normal man.

The inversion of the genital instinct appears here in all its purity: *psychic love,* passionate and jealous; *genital excitement* produced by male forms and nude males, with indiffer-

ence or even repulsion for female forms and nude females; the *sexual act* brings calm and gives full satisfaction when practised with men, but it is impossible or disliked with women in consequence of *absolute impotence,* or requiring for its consummation psychic artifices and then resulting only in fatigue and disgust, often with the resolve of never again making a similar attempt. The homosexual male, especially if he belongs to the upper classes, does not abhor women except in sexual matters; social relations with them may be very agreeable to him.

Effemination and Viraginity.—The characteristics of this sexual anomaly are, in a general way, the same as those of the above variety, with, if possible, still more pronounced disgust for the heterosexual act and still more marked impossibility of accomplishing that act. But here the anomaly does not confine itself to the sexual sphere alone: *the whole psychic personality* and *the entire individuality are inverted.* The following is the rapid but very precise sketch that Krafft-Ebing has traced of this variety:—

"This anomaly in the development of the feelings and of the character is often manifest from childhood. The boy likes to pass his time in the society of little girls, to play with dolls, to help his mother in household occupations; he likes to work in the kitchen, sewing, embroidery; shows taste in the selection of female toilets, so that in this matter he could even give advice to his sisters. When older he does not like to smoke or to drink or to indulge in manly sports; he finds pleasure, on the contrary, in chiffons, in jewels, in the arts, in novels, etc., to the point of being an authority.

"His greatest pleasure is to be able to disguise himself as a woman, on the occasion of a masquerade. He tries to please his lover by forcing himself, instinctively, so to speak, to exhibit to him what is pleasing in the opposite sex to a heterosexual man: modesty, grace, an esthetic sense, poetry, etc. Often he tries to give himself a feminine charm in his gait, his manner and the cut of his garments.

"The opposite is exhibited by the female uranist from the age of childhood. The place that she prefers is the field where boys are playing; she tries to rival them in their games. As

a little girl she does not like to play with dolls; her passion is to ride a stick, to play soldiers and brigands. She not only shows an antipathy for female employments, but she also exhibits a marked awkwardness at them. Her dress is disorderly and she likes rude manners and boyish ways. Her taste and inclinations take her to the sciences instead of to the arts. On occasion she makes an attempt to drink and to smoke. She detests perfumes and sweets. The idea of being born a woman causes her painful reflections, and she is unhappy at being excluded forever from the university, from the gay life of a student and from a military career.

"The soul of a man in the breast of a woman betrays itself by an amazon's inclinations for manly sports as well as by acts of courage and manly feelings. The female uranist likes the hair-cut and clothes of men, and the height of her pleasure would be, on occasion, to be able to show herself dressed as a man. Her ideal lies in the female personages of history or of contemporary times who have made themselves famous by their spirit and energy.

"As for the sexual inclinations and feelings of these uranists, whose whole psychical being is equally affected, the men feel like women toward men, and the women feel like men toward women. Thus, they experience a feeling of repulsion toward persons of the other sex, but they are attracted by homosexual or even normal individuals of their own sex. The same jealousy that is met with in the normal sexual life, is also found here when rivalry threatens their love; often this jealousy is boundless even, for inverts are, in the majority of cases, sexually hyperesthetic.

"In cases of completely developed sexual inversion, heterosexual love seems to the affected individual like something absolutely incomprehensible; sexual relations with a person of the other sex seems to him inconceivable, impossible. Any attempt at such fails from the fact that the extravagant feeling of disgust and even of horror makes erection impossible."

Androgyny and Gynandry.—This group, of which, however, examples are rare, is merely a very marked accentuation of the preceding group. To the inverted *genital instinct,* to the inverted *character* and *personality,* are added physical modi-

fications that contribute to raise the anomaly to its highest degree. In individuals who belong to this category the skeleton, the type of face and the voice take on the characteristics of the opposite sex, and the subject thus approaches to a maximum degree the sex to which his inversion likens him.

It is in this group that men take on permanently a female disguise, and women a male disguise, and thus they pass through life playing an inverted rôle, physically, psychically and sexually, and retaining of their own sex only the genital organs, which are always normal though often affected with a slight arrest of development, but never hermaphroditic. We have already cited the case of *androgyny* in Elsie Edwards, that man disguised as a woman and playing the part of a woman in society. There are, indeed, others of this sort, and we would mention one case in particular that Dr. Legludic has published in his *Notes et observations de médecine légale:* the history of Arthur W——. The counterpart of these cases *(gynandry)* is supplied by women who dress like men, seek female liaisons and act the part of men socially to the limit. There are few more interesting cases in this respect than that which Krafft-Ebing has published: the history of Count Sandor. We extract several characteristic passages:—

"On the 4th of November, 1889, the father-in-law of a certain Count Sandor V—— complained to the court that the count extorted the sum of 800 florins from him, on the pretext that he needed that sum for a surety that he had to deposit in order to become secretary of a stock company. It was further established that Sandor had falsified documents; that his wedding ceremony in the spring of 1889 when he was united to his wife was a mock ceremony, and, above all, that this pretended Count Sandor was not a man, but a woman disguised as a man, whose real name was Countess Sarolta (Charlotte) of V——.

"Sandor was arrested and a judicial inquiry was instituted against him for swindling and for falsifying public documents. At the first hearing Sandor, born December 6, 1866, admitted that he was of the female sex, a catholic, unmarried, and living as an author under the name of Count Sandor V——.

"Countess Sarolta of V——, issue of a heavily tainted

family, had been brought up by her father until twelve years of age exactly like a boy: he had her ride horseback, drive horses and hunt; he admired her energy and called her Sandor. At thirteen she was put in a boarding school and formed a liaison with an English girl, to whom she declared that she was a boy, and with whom she ran away.

"Then Sarolta returned to the house of her mother, who had no control over her daughter, and who had to allow her Sarolta to become Sandor again and to wear boys' clothes once more and to have every year, at least one love affair with persons of her own sex. At the same time Sarolta received a very careful education, made long journeys with her father, always dressed, of course, as a young man, frequented cafés, even equivocal places, and even boasted of having, one day, in a bawdy house *in utroque genu puellas sedisse*. Sarolta often got intoxicated, was passionately fond of manly sports and very adept at fencing. She felt particularly attracted toward actresses or toward solitary women and who, as often as possible, were not in their first youth. She affirms that she has never had any affection for a young man, and that she has felt, from year to year, a growing aversion for individuals of the male sex.

"For about ten years Sarolta has always lived far from her family and always as a man. She had a large number of liaisons with women, traveled with them, spent much money and contracted debts. At the same time she devoted herself to literary works and became the highly valued collaborator of two large journals of the capital. Her passion for women was very variable. She had no constancy in love.

"Only once one of her liaisons lasted three years. It was several years ago that Sarolta made the acquaintance at the castle of G—— of Mrs. Emma E——, who was ten years older than herself. She fell in love with this woman, contracted marriage with her, and lived with her like a husband for three years at the capital.

"A new love that was to be fatal for her decided her to break her 'conjugal bonds' with E——. The latter was unwilling to leave Sarolta. It was only at the cost of great material sacrifices that Sarolta bought back her liberty. E——, they

say, still gives herself out today as a divorced woman, and considers herself the Countess V——. Sarolta was destined to inspire a passion in other women also; this is evidenced by the fact that before her 'marriage' with E—— when she had wearied of a girl, D——, after having spent several million florins together with her, the latter threatened to blow out her brains if she did not remain faithful to her.

"It was in the summer of 1887, during a sojourn in a watering place, that Sarolta made the acquaintance of the family of a highly esteemed official, Mr. E——. Sarolta at once fell in love with Marie, the daughter of this official, and her love was returned. The mother and the cousin of the young girl tried to dissuade her from this attachment, but in vain. During the winter the two lovers exchanged letters. In the month of April, 1888, Count Sandor (Sarolta) came to pay a visit, and in the month of May, 1889, he attained the goal of his desires. Marie, who in the meantime had given up her position as a teacher, was united by a Hungarian pseudo-priest to her adored Sandor in a garden-house serving as a chapel; a friend of her betrothed acted as a witness.

"The couple lived happily and joyously, and had it not been for the complaint entered by the father-in-law, this imitation marriage would have lasted a long time. It is worthy of note that during the long period of his engagement, Sarolta had succeeded in keeping the family of his betrothed in complete error as to his true sex."

The medico-physical examination of Sarolta of V—— brought out the following points, in which will be found united all the characteristics of *gynandry*. "Sarolta is 153 centimeters tall; she has a delicate skeletal structure and is thin, but surprisingly muscular on her chest and on the superior part of the thighs. Her gait in female garments is awkward.

"Her movements are vigorous and not disagreeable, although they have a certain masculine stiffness and are not graceful. Her greeting is by a vigorous handshake. Her whole attitude has a masculine air, energetic, and signifies a certain confidence in her own strength. Her glance is intelligent; her expression somewhat sombre. Her feet and hands are remarkably small, as in a child. The tendinous portions

of her extremities are remarkably hairy, while there is no hair on her face, not even downy, despite experiments made with the razor. The trunk does not conform at all to feminine structure. The waist is lacking. The pelvis is so slight and projects so little that a line starting from below the axilla and going to the corresponding knee, forms a straight line and is not indented by the waist nor pushed out by the pelvis. The cranium is slightly oxycephalic, and in all its dimensions is a centimeter below the mean size of the female cranium.

"The circumference of the cranium is 52 centimeters. The upper jaw projects 0.5 centimeter beyond the lower jaw. The position of the teeth is not entirely normal. The upper right canine has never developed. The mouth is remarkably small. The ears stand out and the lobes are not free but fused with the skin of the cheeks. The hard palate is narrow and arched. The voice is rough and deep. The breasts are well developed, but without secretion. The *mons veneris* is covered with thick, dark hair. The genital organs are completely female, with no trace of phenomena of hermaphroditism, but their development is arrested; they exhibit the infantile type of a girl of ten years. The labia majora are almost completely in contact; the labia minora have the form of a cock's comb and project beyond the majora. The clitoris is small and very sensitive. The frenum is delicate, the perineum very narrow, the entrance to the vagina very small, with normal mucosa. The hymen is absent (probably congenitally), and likewise the *carunculæ myrtiformes*. The vagina is so narrow that the introduction of a virile member would be impossible; it is, besides, highly sensitive. It is clear that up to the present coitus has not taken place. The uterus may be felt through the rectum; it is the size of a walnut, immobile and retroflexed.

"The pelvis is contracted in all directions (dwarfed pelvis), with a very pronounced male type. On account of the narrowness of the pelvis, the thighs do not converge as they do in women, but their position is entirely straight."

Duration and Prognosis of Uranism.—Uranism, as a general rule, *is born with the individual and only passes away*

when he does. So long as a spark of genital vigor remains in the uranist, it is at the service of his inversion.

Moll cites an old man of sixty-eight who still had homosexual relations once a week, and an old man of eighty-two who still indulged in inverted practices, which he had always cultivated. Uranism has no chance at all of disappearing spontaneously or therapeutically, except in two cases: when it has been *retarded* in its appearance, and when its intensity has not been carried to too high a degree.

Practically only retarded inverts and psychic hermaphrodites,—that is to say, uranists at the bottom of the scale,—can hope for any modification. The others, born uranists, will remain such to the last day, and *this constancy, this permanence of the anomaly and its resistance to all modifying agents, constitute distinctive characteristics of the greatest value in addition to those with which you are already familiar.*

CHAPTER XV.

INVERSION OF DEGENERATES, OR URANISM (CONTINUED).

Etiology of uranism.—It develops on a basis of mental degeneracy.—Examples taken from various authors showing the hereditary defects and personal stigmata of uranists.—Coexistence of other sexual perversions.

Frequency of uranism. It is difficult to determine: statistics of Ulrichs, Krafft-Ebing, Moll.

Pathogenesis of uranism: it is still very obscure.

EPISODIC INVERSION OF THE PSYCHOSES.

Distinctive characteristics between this inversion and uranism: it is only a passing accident and is not an integral part of the subject.—The psychoses in which it is met with are periodic insanity, epilepsy, general paralysis, senile dementia, mania.

INVERSION-VICE.

Characteristics that distinguish this perversion from morbid inversion and especially from uranism.

We can distinguish in inversion-vice a variety due to lust or depravity, a professional variety, a variety due to necessity, and a variety resulting from the fear of the consequences of normal relations.—Rapid study of these different varieties.

IN the last chapter we ended the clinical history of the *inversion of degenerates,* an inversion of which the most common type by far is the *congenital* type, but which, it seems, may also at times be singularly *retarded* in its appearance. We will now complete the history of this inversion by some *etiological* and *pathogenic* considerations.

ETIOLOGY OF URANISM.

We have said that one idea dominates this entire etiology: *uranists are individuals in a pathological state, they are tainted, degenerates.* We must now demonstrate this fact with all necessary detail. It is to Casper, Ulrichs, and especially Westphal, that we owe the creation of the type of congenital invert,

the uranist, as we know it, but these authors and Westphal himself took very little trouble to find out on what *basis* this anomaly developed; they left to their successors, Krafft-Ebing, and especially Magnan, the credit of throwing light on this point. It would, however, be very unjust to forget that Griesinger, in 1868, brought out a very important and very true characteristic: the *hereditary* nature of sexual perversion in certain cases.

Today we have learned that it is on a basis of *mental degeneracy* that uranism develops, and this will easily be recognized by recalling the principal features of this state as we have studied them, features that we shall encounter again in the pathological review that we are about to make of the invert.

In the great majority of cases degeneracy is *hereditary*,—the ancestry is more or less *strongly affected*. Examine minutely the known and typical observations of uranists,—and there is no lack of them today,—and you will find with great clearness the *hereditary taint*. Take, for example, Charcot and Magnan's celebrated patient whom we have already cited: his heredity is certainly not so bad as that of some others of whom we shall speak in a moment, but it is far from being entirely satisfactory.

"In the first place the hereditary antecedents exhibit a great disproportion between the age of the father, married at forty-nine years of age, and that of the mother who was only eighteen . . .; in the grandfather we find a lack of balance in his conduct and manner of life, which, without constituting insanity properly speaking, denotes morbid dispositions such as are met with in individuals predisposed to mental affections. . . . The mother of the grandfather was conspicuous for her eccentricity: very amiable toward strangers, at home she was evil-minded and shrewish. The mother, whose morals were pure, united to an exaggerated religious feeling, a pronounced taste for dress and delighted in showy affairs, big demonstrations, and particularly ceremonies with a great tumult."

We have already referred to Krafft-Ebing's rich collection of observations on uranists of all sorts, with congenital inver-

sion or retarded inversion. There are 44 observations, in which, for the most part, the etiological investigation can be carried out. I have examined all these observations, and in only *eleven* it has either been impossible to obtain information concerning the heredity of the subjects or else this heredity has revealed nothing pathological; in the thirty-three others the hereditary taint or, rather, taints were very clear. Nothing will serve to fix the facts better in mind than several types chosen from among these cases.

X——, a doctor of medicine in a North German city, was arrested one evening in a flagrant act of public indecency. He was one of the purest types of inversion, who for many years had had uranist relations with persons of all classes of society. X—— came from a *tainted family*. The paternal *grandfather* was *insane* and committed suicide. The father was a man of weak constitution and of bizarre character. A brother of the patient masturbated from the age of two years. A *cousin* was *inverted;* he committed the same acts against good morals as X——; he was an *imbecile,* and ended his days with a disease of the spinal cord. A *brother* of his paternal grandfather was *hermaphroditic*. His mother's *sister* was crazy. The brother of X—— is nervous and has fits of violent anger (Observation 115 from Krafft-Ebing).

G——, a doctor of philosophy, likewise a congenital invert, was arrested because he had, by means of money, made use of a soldier, who had then denounced him, and he was placed in an asylum for observation; his heredity was as follows: his *father* had *periodic insanity;* his *mother* was *eccentric;* an *aunt* was affected with *mental aberration* (Observation 125).

You will recall the history of that Countess Sarolta of V——, who spent her life in men's clothes, had many love adventures with women,—the first at thirteen years of age,—and ended by contracting a marriage for love with a young lady of good family. It is difficult to imagine a more profoundly tainted heredity than this unfortunate possessed. Let us judge. She came from a family of the old nobility, of very high repute in Hungary, a family *particularly eccentric.*

A *sister* of her maternal grandmother was a hysteric and a somnambulist, and remained nearly seventeen years in bed

for an imaginary paralysis. A second *great aunt* passed seven years in bed, imagining that she was about to die, which did not prevent her from giving balls. A *third* had attacks of "spleen" and believed that a pier-table in her drawing room was cursed. If anyone put an object on this table, the lady was greatly excited and kept crying: "It is cursed, it is cursed . . .!" A *fourth* great aunt would not have her room swept for two years; she neither washed her face nor combed her hair. She did not show herself until after these two years had expired. At the same time all these women were highly educated, intellectually clever, and amiable. The *mother* of Sarolta of V—— was nervous and could not endure moonlight.

It is claimed that there was a *screw loose* in the family on the *paternal side*. One branch of the family is interested almost exclusively with spiritualism. Two near relatives on the paternal side blew out their brains. The majority of the male descendants are men of great talent. The majority of the female descendants are very narrow and commonplace. The father of Sarolta held a high position, which he had to leave, however, because of his eccentricity and extravagance. He brought up his daughter as a boy and his son as a girl, making him wear female garments, etc. . . . It is useless to carry the demonstration further; it is sufficiently striking.

We recalled a moment ago that Griesinger had called attention to the hereditary nature of this sexual perversion, which was less well known then than now. The idea formulated by Griesinger is perfectly just: there are *families of uranists*, just as there are families of degenerates; the former result from the latter.

Krafft-Ebing has published the observation of two brothers, one affected with *congenital inversion*, the other with *acquired* (retarded) *inversion;* they will serve to show clearly that between these two types developing on the same foundation, there is merely a difference in the date of the appearance of the pathological phenomenon. These two uranists came from the following stock:—

The paternal *grandfather* and *his sister* died *insane;* the *grandmother* died of apoplexy; the *father's brother* died *crazy;*

the *mother's brother* committed *suicide* in an attack of insanity. The *father* of the two inverts is very nervous; *one of his brothers* is seriously affected with *neurasthenia*, complicated by an *anomaly in his sexual life;* another is eccentric and has *monomanias.*

Cases of the *direct* or *collateral* inheritance of uranism are not exceptional, and it was not difficult to find the following among the published observations. A uranist (observation 112 of Krafft-Ebing) formed a sexual connection with a uranist physician, and soon after with the physician's *two sons,* who were uranists like their father. Another uranist, a psychic hermaphrodite, had in his ancestry on the paternal side an uncle inverted like himself.

A uranist whose interesting confessions Moll has published under the initials N. N., a highly educated man, expressed himself as follows on the heredity in his case: "I have taken a large number of books from the library of my late father. My father was accustomed to put marks in the margin of the pages, and I was deeply impressed by the fact that these marks were almost always in connection with passages that referred to sexual inversion. . . . I strongly suspected one of my *near relatives* of having been affected with this disorder, and that is the reason, I believe, why my father was so much interested in the question."

An individual cited by Lucas had a lively passion for women, and at the same time an inclination for male sexual relations. His natural son, who lived far from him and without knowing him, had this same characteristic of psychic hermaphroditism.

We are now fixed as to the *ancestry* of inverts; it is just what you would suspect, *à priori,*—an ancestry of degenerates. We must now demonstrate the *stigmata* that mark the degenerate himself and that reveal his degeneracy to the observer. The stigmata of the degenerate are *physical* and *psychical.* Of the physical stigmata of the invert we have nothing to say; they are met with here and there, but they are far from having the importance of the psychic stigmata. We shall have no difficulty in demonstrating the latter; it will be sufficient to select some typical observations.

First of all let us take Charcot and Magnan's uranist whom we have already mentioned: "From five to eight years of age the patient manifested a most pronounced *propensity for stealing;* he took pens, pencils, various objects, without remorse from his comrades and teachers, and carried them off but without making a collection of them. One day he stole an inkstand containing red ink from the office of his teacher, and just as he was crossing the threshold of the study-room the inkstand fell from his pocket and broke, spilling the fluid that convicted him of his larceny; greatly moved by the mishap, he ceased to steal from that moment."

From the age of fifteen years the patient had hystero-epileptic attacks. Finally, and this is not the least interesting point for us, "a state of mind, which is sometimes exaggerated after the attacks, is the desire to *count* and *recount* several times in succession, the flowers, the lines, the nails, the squares, in a word, the small details of some tapestry or screen, or ceiling or any decoration whatever." This, of course, is a *monomania* of a degenerate. This *arithmomania* of Charcot and Magnan's patient we find again in a fine observation by Lacassagne, included in Chevallier's thesis, and also in a very interesting observation by Motet.

The subject whose history Motet has reported[1] was a doctor of medicine and a typical invert; he had been "for some time *forced* to count the windows and the doors of houses in a street that he used to pass through." To this arithmomania were joined other obsessions and impulses no less characteristic. "At another period in his life he was possessed by an irresistible desire to pronounce dirty words; he could not perform certain acts without pronouncing the word ————."[2] Finally, "he experienced and still experiences the most disagreeable, the most painful sensation on coming in contact with brass objects. He does not like to see them, and earrings that may contain brass are absolutely repulsive to him, so much so that he has forbidden his wife to wear them."

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[1] *Annales d'hygiène et de médecine légale,* 1894, 2e série, t. xxxii.

[2] The original text gives here the initial "m," which doubtless stands for "merde," the slang French word for feces.—A. W. W.

This last *phobia* is characteristic, and we shall easily find it elsewhere. It is thus with the patient who is the subject of the interesting observation by J. Krueg (Brain, 1881), who suffered from various nervous troubles and *had inherited from his mother a fear of all pointed objects.*

We might multiply examples among inverts of these phenomena of *obsession* and *impulsion,* whose value is well known, but it seems useless to develop the subject further. It should be noted, however, that the inverted feeling, by *the force with which it imposes itself, overcomes the resistance of the subject and triumphs even over his aversion and his horror, thus constituting one of the best characterized, true obsessive impulsions.* Better still, there are some cases in which the inverted feeling comes *periodically* to cut in upon a normal sexual life, just as an *attack of dipsomania* or *any other periodic syndrome* of degenerates crosses the normal life, and it is a true *impulsion* that the observer has before his eyes with all its known characteristics.

Tarnowsky,—who has thrown much light on cases of *periodic* inversion,—cites cases of married men, very well brought up, who were *forced* to indulge in acts that they abhorred: "When the paroxysm broke out, the normal sexual feeling disappeared; there was produced a state of psychic hyperexcitability accompanied by insomnia, with ideas and obsessions to execute perverse sexual acts, together with an anxious feeling of oppression and a stronger and stronger impulsion to acts habitually abhorred by the individual, but at the moment considered in the light of a deliverance, since they would make the abnormal state disappear" (Krafft-Ebing). This is the picture of impulsion in degenerates in all its essential features.

We have already alluded to the fact that the invert may present still *other anomalies* or aberrations of the sexual instinct that are themselves so many stigmata of degeneracy. One of the patients of Krafft-Ebing experienced a morbid pleasure and sexual excitement at seeing chickens killed; further, he tried to get sight of the naked feet of men and women, —such a sight caused him an erection: an *invert,* a *sadist* and a *fetichist* all in one; this subject was rich in *stigmata* con-

cerning the genital sphere. Another patient of Krafft-Ebing's had, in addition to his inversion, *fetichism* of the mouth, etc.

A subject whom I had occasion to study and who had had several encounters with the police, by whom he was known as a marked *passionate,* was a curious invert who signed his burning, rendez-vous letters with the name of Ernestine; he added *fetichism* and *masochism* to his inversion; he was violently excited by an old woman's cap *ornamented with very broad ribbons (fetichism),* and his pleasure was doubled when his beloved one thrashed him, making him assume a suppliant position *on his knees, his hands folded,* etc. *(masochism).*

It is very remarkable that the majority of congenital or retarded inverts belong to the class of *superior degenerates;* many of them even occupy a very high place in society through their brilliant intellectual faculties and the offices that they fill with distinction: Charcot and Magnan's patient was a university professor; the private autobiographies of Krafft-Ebing are almost all from individuals of great distinction: doctors, high officials, merchants of high standing, etc. But behind this fine exterior it is not difficult to find taints. These men of brilliant intelligence, of high social reputation, are lacking in balance, they are nervous, *and more than one ends in an asylum,* attacked by some mental aberration.

In closing this etiological part of the subject an interesting question remains to be solved: *How frequent is uranism in men and women?* It must be clear beforehand that it is not easy to answer this question, and that if medical statistics must err anywhere, it is clearly in this matter, where everything depends on a confession, which the subject does not always make willingly. There are also not many documents, and, further,—a fact that does not facilitate a real appreciation of the question,—they are all, or almost all, of German origin. It should not be inferred, as is sometimes done, that inversion is a *German defect:* inversion has existed in all times; it has existed and exists in all countries. We can only give, then, the substance of the investigations of Ulrichs, Krafft-Ebing, and Moll:—

1. *Inversion in Men.*—In 1868 K. Ulrichs wrote in the *Gladius furens,* that there were at that time 25,000 adult

uranists in Germany, of whom from 10,000 to 12,000 were in Prussia, and from 500 to 1000 in Berlin. According to Ulrichs there was an average of one uranist to every 500 men. In 1880 K. Ulrichs *(Kritische Pfeile)* claimed that there was on an average one adult invert for 200 adult heterosexual men, and that the proportion was even greater among the Magyars and the Slavs of the South (!). Only half credence can be given to the statements of Ulrichs, who is rather inclined to exaggerate the number of his kind.

Moll has seen in Berlin from 300 to 400 uranists, and has heard from 100 to 200 others spoken of. Krafft-Ebing, in the preface that he wrote to Moll's work, says that he has become convinced that inversion is very widespread in modern society and *is gaining ground every day*. One of the uranists who confided in Krafft-Ebing said that he had found eight inverts in a town of 2300 inhabitants; eighteen at least in a village of 7000 inhabitants, and he affirmed that he knew about 120 in his native city with a population of 30,000 inhabitants.

In all this we have only approximate figures, but it appears to give the general impression of the really great frequency of the uranist type among men, even avoiding the error of confounding *pederastic prostitution* with true inversion, an error into which observers who are not forewarned may easily fall.

2. *Inversion in Women.*—If it is sometimes difficult to get confessions from inverted men, it is much more so to get them from women, and it is not surprising that the number of observations that concern them are, in special works, much fewer than those concerning men. The *Psychopathia Sexualis* of Krafft-Ebing contains 44 observations of inverts,[3] and of this number only 8 concern women; we must not conclude from this that inversion is five times less frequent in women than in men; this would certainly be below the truth.

We should, on the other hand, greatly exceed it by judging of the frequency of real inversion from the frequency of tribadism, so widespread at the present time, and at all other

[3] Krafft-Ebing has given fifty observations of inversion, but six of them deal with delirious transformations of personality and do not seem to us to belong to the group.

times; tribadism is, in the great majority of cases, nothing more nor less than vicious inversion. So let us content ourselves, for lack of anything better, with the knowledge that inversion exists in women, without demanding figures, which we have not yet been able to establish for men. Uranism certainly exists in all classes of society, but it seems established (Moll, Mantegazza) that it is more frequent in the *upper classes.*

Pathogenesis of Uranism.

After our etiological study we should like to be able to take up the pathogenesis of uranism and state the *real cause* of this perversion. But on this pathogenic question, as on so many others, we really know nothing, and the explanations offered, which we shall describe, are not satisfactory solutions but simple hypotheses more or less worthy of taking our attention.

Inversion is as old as man himself, and though we have been acquainted with it medically for only a few years, for a long time this singular inclination contrary to nature has aroused the curiosity and ingenuity of the seekers for hypotheses. Interesting as curiosities are the reasons for them given by Aristophanes and Phedrus; we take them from Moll:—

"At the beginning of creation there existed on the earth three sexes, says Aristophanes: the male sex, the female sex, and the androgynous sex (man-woman). At that time men were not built as they are today; they had four legs, two faces, two external genital organs, etc. . . .

"When they revolted against Jupiter, the latter resolved to weaken them so as to prevent a new attack, and for that purpose he divided each individual into two equal parts: a man furnished two men, a woman two women, and an androgyne, one man and one woman. But scarcely had this separation taken place when each half began to search for its other half: the men who had formerly been part of an androgyne sought their female half and reciprocally, and hence arose normal love. The men, on the contrary, who had been part of a double man sought union with men; the divided women acted similarly, and hence arose sexual inversion."

We have not given this explanation invented by Aristophanes merely because it is amusing, but because it puts in full relief both the well-known antiquity of inversion, and the necessity that was strongly felt at all times for finding a real, profound explanation for a phenomenon that seemed to cling so closely, so profoundly to the organization of certain men. Phedrus also gives a mythological explanation for inversion: it was Prometheus who created in times most remote, tribads and pederasts.

Contemporary explanations have a more scientific attractiveness, but they do not solve a question that is insolvable at the present time, and probably will remain so for an unlimited time to come.

First of all, let us take Mantegazza's: it is strange and absolutely inadmissible. The cause of inversion is found in an anatomical arrangement: in passive pederasts the nerves normally destined for the genital organs end in the rectal and anal mucosa; it follows that in them voluptuous sensations can be provoked only by stimulation of the rectum, hence the search for and practice by these individuals of the means that procures them sexual satisfaction.

This hypothesis errs in more than one point. And first of all, inverts are not all passive pederasts, *and that by a good deal.* If the hypothesis of Mantegazza were true, the introduction of the finger or of any foreign body into the anus of passive pederasts ought to give them sexual satisfaction as much as the introduction of the penis, which is not so. Finally, we know that in normal subjects contact of some part of the body, a kiss on the neck by an individual of the other sex, etc., can produce sexual excitement: shall we say that the nerves normally destined for the penis in these subjects send branches to the neck, etc.?

Dr. Magnan has expressed in a happy way the conception that arises from the study of inverts, by saying that male uranists have a female brain in a male body and inversely. Krafft-Ebing seems to exhibit a singular naïveté when he replies to Dr. Magnan's statement by declaring that the results of necropsies do not support it, and that all of the brains of uranists examined in the amphitheater had all the character-

istics of male brains and inversely: Dr. Magnan speaks of the *psychic* brain and not of the physical brain; that, of course, is self-evident.

Finally, Krafft-Ebing has himself given a pathogenic explanation that is worth mentioning merely as an excellent mnemotechnical exposition of the different varieties of physical hermaphroditism and of inversion of the genital instinct; it has no other value.

The sex, says the celebrated psychiatrist of Vienna, is established by *primordial characteristics,*—which are the conformation of the genital organs,—and also by *physical and psychical secondary characteristics.* When the being develops normally, the genital organs of the fetus, at first hermaphroditic, take on a definite form, and the evolution of the secondary characteristics,—physical and psychical,—follow the same course; there is complete harmony.

But under abnormal conditions (and hereditary degeneracy, whose causal value in the matter of inversion we already know, is one of these abnormal conditions) the harmony of development may be disturbed in various ways. Not only may the development of the genital organs from hermaphroditism toward a monosexual state fail, but the same fact may occur for the secondary traits of the sexual character, *physical* and especially *psychical.* Finally, the harmony of development may be so disturbed that the evolution is partly toward one sex and partly toward the opposite sex. Hence the four principal types of hermaphroditism:—

1. *Purely physical hermaphroditism* of the genital organs with *psychic monosexuality.*

2. *Purely psychic hermaphroditism* with *monosexual genital organs.*

3. *Complete physical and psychic hermaphroditism* with clearly bisexual genital organs.

4. *Crossed hermaphroditism,* where the psychic part and the physical part are *monosexual,* but each in a sense opposed to the other.

The second and fourth groups of these hermaphroditisms constitute inversion of the genital instinct. Cases in group 2 are those that we have called *psychic hermaphroditism;* cases

in group 4 are *pure uranism* with no mixture of heterosexual feeling.

We have completed the study of the first and great variety of *morbid inversion: the inversion of degenerates.* But beside it we established another variety of morbid inversion, that which appears *as an occasional and intercurrent symptom in the course of various mental diseases.* We will now sketch the history of this variety of inversion.

PERIODIC INVERSION OF THE PSYCHOSES.

It can be said with reason that all known anomalies of the genital instinct can occur in the course of the psychoses, and these chapters will allow us to verify the truth of this assertion. Inversion is, perhaps, not the commonest anomaly in the course of affections of this sort, but it exists there in a very definite way. Between morbid inversion occurring in the course of the psychoses and that of degenerates with which we are familiar, there are the following general *resemblances* and *differences.* In both cases the inversion of the genital instinct is a *pathological phenomenon,* and *the subject of it is irresponsible:* he is subject to an influence that is imposed upon him.

But the inversion of degenerates forms a true *part* of the subject's being: *born with him* in the great majority of cases, it *passes out of existence only when he does;* it *is not an episode* in his genital life, it *is his genital life itself.* The inversion in the course of the psychoses has, on the contrary, only a periodic and transient character. It comes into existence with the psychosis and disappears with it or is modified in various ways during the evolution of the disease; it is only a phenomenon of secondary importance, and in no way a conspicuous phenomenon, ruling the stage, as in the degenerate.

Finally, let us add that the characteristic of complete consciousness of the abnormal act, so remarkable in the degenerate, is effaced here to a variable degree up to its complete disappearance with the reason of the insane individual. Knowing these general characteristics we find that inversion of the genital instinct figures, or rather *may eventually* figure, in the symptomatic complex of the following psychoses:—

Periodic insanity;
Epilepsy;
General paralysis;
Senile dementia, etc.

Periodic Insanity. — This, as you know, is a variety of vesania characterized by its very particular *evolution.* It consists in attacks of *mania* or of *melancholia,* sometimes singly, sometimes together, recurring at greater or less intervals, often a very large number of times during the life of the patients (Ballet). According to the clinical modalities, you have insanity of alternating form, insanity of twofold form, circular insanity. The following is a curious and well-known case, reported in 1876 by Servaës, a summary of which we take from Chevalier:—

"Franz E—— was arrested in 1871 while he was making obscene proposals to a night watchman. His mental state being suspected, he was sent to an asylum for observation. He was thirty-five years old. . . . He invited the doctor to share his bed. He admitted that he had had sexual relations with men, and had experienced the greatest possible pleasure. He maintained that it was the *essence of his life,* that he could not get enough of it. He interpreted the Sacred Book in such a way as to glorify his vice. He had an insurmountable aversion for women and had never been able to have relations with them. He preached marriage between men, claiming that he could easily prove its legitimacy and utility. He added: 'With a glance I recognize men like myself, and that, too, by their glance; I have never addressed such persons in vain.'

"The patient remained at the asylum fifteen months; he exhibited in all its clearness the type of *circular insanity.* First there was a period of *excitement* for from eight to fifteen days, succeeded by a short period of *melancholic depression.* The two periods constituting the attack were separated from the following attack by a lucid interval of several days. It was during the period of *exaltation* that he exhibited the paroxysmal state of sexual inversion: he talked much and all his talk related to his preoccupations. He challenged and pursued every man who approached him; his passionate glances were fixed insistently on the doctors, the male nurses," etc.

The same author has reported another case of *inversion in a woman affected with periodic insanity;* the following summary of it is from Krafft-Ebing: Catherine W——, aged sixteen, exhibited a succession of attacks of exaltation and of attacks of melancholia separated by a normal state. On December 27, 1872, a state of exaltation (gaiety, laughter) with *amorous desires for her nurse.* December 31st, attack of melancholia. January 20th, *new attack precisely analogous to the first.* February 18th a *similar* attack. The patient had absolute amnesia for all that took place during these paroxysms, and heard with a blush and with astonishment the account of what had taken place.

Epilepsy.—Sexual acts, abnormal, aberrant, criminal even, are well known attendants of epileptic attacks: impulsively the patient performs one of these acts of which he will lose all recollection on returning to his senses. Among these acts, —which are very varied, as we shall often have occasion to note,—*pederasty* and *pederastic rape* naturally figure. It is unnecessary to insist longer on this subject.

General Paralysis.—General paralysis is no less rich than epilepsy in cases of genital aberrations and anomalies, and among them may sometimes be met at special times, the inclination toward homosexual relations; the following example is cited by Tarnowsky:—

It was the case of a young man, a great worker, leading an ascetic life, who was attacked with *general paralysis.* The prodromal period lasted two years: first it produced genital excitement, then came *inversion.* The patient lost all morality, and had numerous relations with mercenary pederasts; he contracted a chancre, and himself infected a large number of individuals, being indifferent to the consequences of his acts.

Senile Dementia.—This is another source of frequent genital anomalies, sometimes including acts of sexual inversion also. The following case, which we take from Krafft-Ebing, is typical:—

Mr. X——, *eighty years old,* of a high social position, sprung from a tainted family, cynical, had always had great sexual needs. According to his own confession he preferred, while still a young man, masturbation to coitus. He had mis-

tresses, had a child by one of them, married for love at the age of forty-eight and had six more children; during the period of his conjugal life he gave his wife no cause for complaint. I could get only incomplete details concerning his family. It was established, however, that his brother was suspected of homosexual love, and that one of his nephews had become insane as a result of excessive masturbation. For some years the character of the patient, who was bizarre and subject to violent explosions of anger, has become more and more eccentric. He has become suspicious, and the least opposition to his wishes puts him into a state that may provoke attacks of rage during which he even raises his hand against his wife.

For a year past clear symptoms of *senile dementia* have been noticed in him. His memory is failing; he is mistaken about past events and sometimes can make nothing of them. For fourteen months past there have been noticed in this old man veritable explosions of love for some of his male domestics, particularly for a boy-gardener. Usually sharp and haughty toward his inferiors, he heaps this favorite with favors and presents, and orders his family, as well as the employees of the house, to show the greatest deference to this boy. He awaits the hours of rendez-vous in a state of veritable rut. He gets his family away from the house so as to remain alone and without being disturbed with his favorite. He shuts himself up with him for hours at a time, and when the doors are opened again they find the old man completely exhausted, lying on the bed. Besides this lover this old man also has periodically relations with other male domestics. These manias produced complete demoralization in his household. He is no longer conscious of the perversity of his sexual acts, so that his honorable family is desolate and has no other recourse than to put him under care and place him in a sanitarium.

Finally, the following observation by Charcot and Magnan is well known: it concerns a female *maniac* thirty-three years old, "who, on several occasions, wanted to do, she said, as men did, and sought to lift up the dresses of the keepers, begging them to cohabit with her, and showing herself, on the other hand, absolutely indifferent to the men who came near her."

We have now finished the history of the two varieties of *morbid inversion,* and to complete this study of homosexual relations, there remains for us to study *inversion-vice, artificial inversion* or *perverse inversion,* to give it all the names with which we have characterized it; to this study we will devote the remainder of this chapter.

INVERSION-VICE.

The etiological varieties of inversion-vice are rather numerous, but whatever its variety, it is distinguished from morbid inversion, and especially from *uranism,* by the following general characteristics:—

A. No influence higher than the will *imposes* upon the subject his inclination and his homosexual acts; he is *fully conscious* of his immorality, and could refrain from guilt *if he wished;* but he *does not wish to,* and *so should be held fully responsible.*

B. The homosexual inclination of the vicious invert is *never congenital,* but always *acquired;* it appears under some influence or other after a normal sexual life, often a long one.

Such are the two major characteristics of inversion-vice and they can easily be compared with the corresponding inverse characteristics of uranism. Let us add, as other distinctive characteristics of value, that the homosexual inclination never forms an *integral part* of the individual, but *can disappear* generally *at will,* and does not exclude a heterosexual inclination, for here, with rare exceptions, there is not that repulsion for the other sex so pronounced in the typical uranist. In cases even where we see an aversion for the opposite sex, it is entirely *artificial* and in no way *natural.*

Inversion-vice springs up under various influences, and from the causal influence results a rather special form of being, a particular variety. Following Chevallier we may study inversion-vice under the following varieties, which seem to include the whole question:—

1. *Professional inversion;*
2. *Inversion through lust or depravity;*
3. *Inversion through necessity;*
4. *Inversion through fear of normal sexual relations.*

A word concerning each of these varieties, which we will study from the least to the most frequent, that is to say, in the reverse of the order given above.

1. Inversion Through Fear of Normal Sexual Relations.

There is little to be said about this variety; it is in order to avoid syphilis and gonorrhea that men flee from normal relations and seek inversion; the hope is chimerical, however, for unnatural relations are far from being exempt from all danger. One of the most celebrated and complete of the adepts in unnatural love was Henri III, who, they say, did not begin his homosexual practices until after he had contracted a venereal infection from normal relations and was afraid of a recurrence.

A pederast arrested at Insbruck said to Hofmann "that a relation with a woman was too dangerous, and that something might easily result from it, while with boys there was nothing to fear of that sort." With women it is more the fear of *conception* than the fear of venereal diseases that may lead them to inverted relations.

2. Inversion Through Necessity.

Common to men as well as to women, but much more frequent with the former, this is what we observe in *segregations* of individuals of the same sex without representatives, or with insufficient representatives of the opposite sex. To satisfy his sexual needs, the individual living in such segregations has at his disposal only relations with subjects of his own sex, and he tries these relations if his genital appetite is stronger than his reason, or if his moral character is too little developed to act as a check on his sexual need even if the latter is only of average strength. There should be no illusion, however, about this expression, inversion *through necessity:* the inverted sexual act is in no way really *obligatory,* and the alleged excuse by him who commits it in such cases is truly *insufficient.*

This variety of inversion is that which is practised in *penitentiaries, among soldiers,* in *religious communities,* in *refuges,* in *industrial segregations,* in *educational institutions,* on board

vessels making long cruises, etc. An ingenious effort has been made to find an analogy between such cases and the cases of sexual inversion developed under identical conditions among some species of animals.

"Collect together experimentally," says Chevallier, "under definite conditions of captivity and idleness (?) a large number of domestic animals of the same species; deprive them of all normal intercourse by separating the sexes, and you will soon see the development of the same sexual deviations as in man," etc.

Buffon says that the cock after continence, "makes for himself a hen out of the first male he finds in his path." He says further: "Putting together into one cage male turtle-doves and into another female turtle-doves, you will see them come together and mount each other as if they were of different sexes, only this excess occurs more promptly and more often with the males than with the females."

Saint-Claire Deville (cited by Chevallier) reports similar cases in dogs, rams and bulls, sequestered and separated from their females. Lombroso *(The Criminal)* has collected cases of the same sort. Inversion through necessity in man is in the highest degree artificial, voluntary and temporary; it ceases when the subject emerges from the abnormal conditions in which he was placed.

3. Inversion Through Lust and Depravity.

It exists both in men and in women, but it is much less known among women. Let us study it, then, first and particularly in men. Two roads lead men to this form of inversion: abuse of *sexual pleasures*, on the one hand, and abuse of *masturbation* on the other.

The *abuse of sexual pleasures* leads in men to surfeit and to neurasthenia, and ends in disgust for normal sexual relations and in impotence toward women: then comes the desire for unnatural relations, and they alone, for a time, are capable of giving sexual satisfaction. This then is the inversion of "those old rakes who are saturated with normal sexual indulgences and who find in pederasty a means of reanimating their sexual

desires, the act having the charm of novelty for them. By this means they stimulate temporarily their lowered psychic and somatic power. This new sexual situation renders them, so to speak, relatively potent, and gives them the pleasures that sexual relations with women can no longer afford. In time potency for the pederastic act disappears also. Then these individuals may resort to passive pederasty as a temporary stimulus that makes it possible for them to succeed in active pederasty, just as they occasionally resort to flagellation and the contemplation of lascivious scenes" (Krafft-Ebing).

We find, then, in these vicious inverts the *acquired disgust for women* that we have seen exhibited by *uranists of the retarded type,* and we must avoid the danger of confounding two categories of inverts so dissimilar. The distinction, however, is not difficult to make if we are willing to give ourselves the trouble of examining closely. With the vicious, the disgust for heterosexual relations is artificial, almost voluntary, and created by the subject himself; with the retarded uranist, it is the psychic personality itself of the subject that changes apart from his will and often in spite of his will.

The old libertine who has fallen into homosexual practices has, to be sure, like the uranist, a dislike for women, but he is never carried toward his own sex as the uranist is, by a violent and irresistible morbid inclination; he obeys merely a vicious inclination that rests entirely with himself to suppress.

The other road by which one may come to homosexual relations is, as we have said, by the *abuse of masturbation,* and by this road one attains inversion much younger, of course, than by the abuse of sexual relations.

Nothing is so capable as precocious masturbation, says Krafft-Ebing with reason, "of disturbing the source of the noble and ideal feelings that in its normal development the sexual feeling brings forth; masturbation may even injure it completely. It takes from the rosebud that is about to develop, its perfume and its beauty, and leaves only the grossly sensual and brutal inclination for sexual satisfaction. When an individual corrupted in this manner reaches the age when he can procreate, he no longer has that esthetic and ideal, pure and ingenuous character that draws him toward the other sex.

Then the ardor of the sensual feeling is extinguished and the inclination for the other sex considerably diminished. This defect influences in an unfavorable way the morals, the ethics, the character, the imagination, the humor, the world of feelings and of inclinations of the young masturbator; under the proper circumstances it causes the desire for the other sex to fall to zero, so that masturbation is preferred to all natural satisfaction."

With *women* there seems to be no doubt that masturbation may produce the same effect. It is also very certain that while tribadism is widespread in the world of prostitutes, some of them are led to it while still young by abuse of and disgust for heterosexual relations. With others it is only too often a matter of business and merely a means of exciting old debauchees; it is unnecessary to emphasize this point.

4. Professional Inversion.

Here we come to the question of *male prostitution,* a frightful social evil, an evil existing in all civilized countries and one that seems to extend its ravages every day. This is the subject painted in such vivid colors by Tardieu and many times repeated since. We merely wish to give a simple sketch taken from the most authoritative sources: it will contain all the features of Tardieu's picture, but expressed in paler colors; the names alone, not the things, have changed since his masterly description.

Male prostitution and *pederastic prostitution* are two synonymous terms, which we shall use interchangeably; it should be known, however, that the male prostitute is not merely an active, or more often passive pederast; he yields himself to all the varied maneuvers, active and passive, of male homosexual relations. The reason for the existence today in all the large cities of France and of other countries of a widespread male prostitution, is because homosexual needs are themselves widespread.

Male prostitution finds as clients, on the one hand, *true uranists,* or the *passionates,* as they are called in the language of the French police, and, on the other hand, libertines, old or

young, disgusted with normal relations and impotent toward women: the clientele thus formed is only too numerous. Like female prostitution, with which it has so much analogy and with which it lives on good terms,—male prostitution has its *independent* subjects, its *kept* subjects and its *supported* subjects; it is probably unnecessary to define these terms.

The entrance into a life of male prostitution is usually at an early age, and the subject often runs through its various degrees: at first he is *supported,* he prostitutes himself for the gain of some one else; then, freeing himself of his tutor, he becomes *independent* or *kept* [like a mistress], and ends by becoming in his turn the *supporter* of a young male prostitute.

Male prostitutes are recognizable by their effeminate bearing. It is not rare to see them even assume and keep the female costume; I have had in my hands many curious photographs of young male prostitutes, in which it would be difficult to guess the true sex of the subject, so perfect is the effeminacy of the face and so well supported by the female costume and the ease with which it is worn. As in Tardieu's time, the male prostitute assumes female pseudonyms, whose list is interminable.

Male prostitutes and their supporters often form households that recall the household of the female prostitute and the lover who lives with her, and these households often live in bands. These bands are very dangerous, for this world of pederastic prostitutes and their lovers is, according to the old but always true expression of Baron de Saint-Didier, examining magistrate in Paris, a *school for all crimes:* theft, swindling, murder, etc.

But the preferred practice of these wretches, that by which they ordinarily live and from which they derive their most conspicuous revenues, is *blackmail,* which has been raised to the rank of an industry of truly complete perfection. We have already related a case of *pederastic blackmail* in England in the XVIIIth century, whose victim was an English nobleman. The methods of procedure have been wonderfully perfected since then, and Tardieu studied them extensively.

The following is an absolutely authentic case; with slight variations it is classical today: A student one day let himself

be seduced by, or seduced, a young professional, whose pseudonym was *Red Lips.* While in the midst of the act there arrived the supporter of the young pederast and an accomplice, who claimed to be his uncle. "I will have you arrested," said the false uncle, addressing the student. "I have the care of this unfortunate child." The young pederast melted and wept. "What shall I say to his father when he learns this shameful pollution? It would be best to send him off to America. Out of consideration for your respectable family, I will consent to make no complaint, but on condition that you pay over the necessary sum for the voyage and for setting him up in America." The unfortunate student paid 3000 francs.

Another practice noted by Tardieu still flourishes today: a prostitute lets an individual lead him away and an accomplice follows the couple. At a certain time the accomplice appears, pretends to be a police officer, and secures from the credulity of the confused unfortunate as large a sum as possible, in return for which he consents not to denounce the guilty person.

Cases of *continuous blackmail* are still more curious: there exist in large numbers, lamentable histories of individuals whom, for an unnatural relation, wretches have *blackmailed* for an indefinite number of years. They go even further, and in the world of pederasts *pass on* individuals from one to another, each one in turn blackmailing them for several years.

I know the case of an unfortunate man from whom a blackmailer, a retired pederast known as the *Queen of Spain,* drew money during twelve years, and reduced him to the most profound poverty. "Have pity," wrote this unfortunate to his torturer. "Remember that I am seventy-seven years old and that I am an unfortunate who has endured all possible tortures from you to avoid the dishonor with which you have so often threatened me."[4]

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[4] Dr. Hamilton, in the article to which I have already referred (Am. Jour. Insanity, vol. lii, 1896), relates a similar case, in which a man of good social position and business ability took a young man with him to the Philadelphia Exposition and was thereafter blackmailed to the extent of some $70,000 if I remember rightly. Speaking of

A case that surpasses in audacity all those that we have published is the blackmail of which a personage occupying a high social position was recently the victim during a series of years; during a rather short period of time he paid out 400,000 francs to a pederastic blackmailer and his accomplices; only a lawsuit put an end to this abominable blackmail.

Murders are less frequent than blackmail in the world of pederasts, but they form, nevertheless, a series well filled up. The old affairs of Tessié, Ward, Béraud, etc., are celebrated; contemporary records are no less rich.

In closing this study of true professionals in pederastic prostitution, let us call attention to *transient professionals,* professionals through opportunity, who, through the attraction of more or less gain, consent to lend themselves to unnatural relations. *Soldiers* in Germany appear to play this rôle of temporary prostitute very easily, if we may believe the autobiographies of inverts published by Krafft-Ebing and Moll.

It is not necessary to state that all these male prostitutes are fully *responsible* for their vicious acts, and that they are persons whose psychic sexuality is perfectly normal, as they also prove by keeping up normal heterosexual relations along with their professional homosexual relations.

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uranists Dr. Hamilton says (p. 510): "The attitude of the law so far is very harsh regarding the punishment of offenders of this kind when detected, when they happen to be distinctly responsible, and it rarely recognizes any extenuating circumstances, and while possibly this restriction is the best for society, there is no doubt but that in cases where a congenital taint exists, some degree of protection should be afforded the possessors of developed mental weakness who are apt to be the prey of designing persons of their own sex."—A. W. W.

CHAPTER XVI.

EXHIBITIONISM.

This morbid type was created by Lasègue; it has been profoundly remodeled by the works of Magnan and Krafft-Ebing.
General clinical characteristics of indecent exposure.
The exhibitionists belong to several morbid classes: weak intellects, general paralytics, victims of senile dementia, alcoholics, various maniacs, epileptics, degenerates.
Summary study of exhibitionism in cases of weak intellect, general paralysis, senile dementia, alcoholism and mania.
Exhibitionism in epileptics: its characteristics; it is a vertiginous attack whose principal act is the indecent exposure.—Complete amnesia after the act: repetitions.—Example of various clinical forms of epileptic exhibitionism in the idiopathic epileptic and in the vertiginous epileptic.
Exhibitionism, an episodic syndrome in degenerates; irresistibility, consciousness and repetitions of the manifestation.—Examples showing the various clinical aspects of exhibitionism in degenerates.
Exhibitionists among fetichists; rubbers, etc.
Exhibitionists among cases of satyriasis and nymphomania.
A case of a somnambulant exhibitionist.

We must understand by this term acts of indecent exposure committed by individuals whose *pathological cerebral condition* excuses and entirely explains the immoral act. These individuals are certainly not the only ones to indulge in indecent exposures; we know that depraved individuals do so, and also persons affected with various diseases of the ano-genital region and of the bladder, but the term *exhibitionist,* coined by Lasègue, should be reserved for those psychic patients alone for whom the eminent professor intended it, and should not be turned aside from this sense by a faulty generalization that would wish to extend it to all individuals, whatever they may be, who perform the act of exhibiting their genital organs.

Lasègue was, in fact, the first to describe clinically this singular morbid type of genital aberration: his memoir dates from 1877 and was epoch-making. To speak truly the type today is no longer what Lasègue made it; it has been dismem-

bered and subdivided into a certain number of groups. Where Lasègue saw almost a morbid entity, the works of his successors have shown a symptom, a *syndrome,* if you will, common to a certain number of psychic pathological states. This work of dismemberment and of more profound study has been especially the work of Dr. Magnan in France, who has given us the type of degenerate exhibitionist, and of Krafft-Ebing in Germany, who has devoted an excellent general nosographical article to exhibitionism in his book.

But there has remained of Lasègue's work, besides the picturesque name,—adopted everywhere today,—the conception of the total or partial irresponsibility of the exhibitionist whatever he may be, a conception that Lasègue well brought to light. Before describing who the exhibitionists are, and by means of what characteristics they may be *recognized* and *classified,* let us study, in a word, the act itself. It is very simple: almost always performed by *a man,* it consists most often in a simple exposure of the naked genital organs before a witness, without a word or a gesture accompanying the immodest act. At times there may be added to the exhibition properly speaking various gestures, indecent words, and the subject may even indulge in masturbation.

One of the characteristics of exhibitionism is its *repetition:* the exhibitionist falls back fatally into his immoral act, and on this account undergoes a series of condemnations, until the day when the magistrates, struck by the futility, the insanity of the act, repeated in spite of punishments, order a medico-legal investigation, which ends in discovering the true cause of the immodest manifestation.

There are, as we have implied, several *etiological varieties* of exhibitionists, and the difference in cause often produces a more or less marked variation in the symptomatic picture. We must now describe these different varieties of exhibitionists and add when the case requires some characteristics to the brief symptomatic sketch that we have traced above. We will further try to add interest to the picture by furnishing observations characteristic of the various types that we shall establish.

Exhibitionists are met with among *weak-minded* individuals

(idiots and imbeciles), *general paralytics,* cases of *senile dementia, alcoholics,* and persons affected with *deliria* of *various categories. Epileptics* and *degenerates* also furnish exhibitionist subjects, who are not the least interesting from the medicolegal point of view. Finally, some cases of pathological exhibitionism are rather difficult to classify, as we shall see when we come to them.

Let us now study each of these numerous varieties in its general characteristics and in detail.

1. Weak-minded Persons (Imbeciles and Idiots).

Among these *inferior degenerates* exhibitionism is frequent, as are all the aberrant acts of genital life. It manifests itself with absurd and brutal characteristics carried to the highest point.

The irresponsibility of the subject is, of course, complete; as for the *consciousness* that he may have of the act, it varies with the *degree of intellectual light* that he may have retained. Dr. Lalanne has cited, in a recent thesis, the case of an imbecile confined at Ville-Evrard, who made a permanent exhibition: under the apron that he wore he always had his genital organs exposed; he was also an unrestrained masturbator, *like the majority of these unfortunates.*

Another imbecile of twenty-seven years, cited by Magnan, made a genital exhibition for the first time in the Champs-Elysées, in the presence of several children's nursemaids. "He did not know how the idea came to him; he knew perfectly well that it was *stupid,* he said; he had held back at first, but he had to do it just the same. After a year's sojourn in asylums, he was given in charge of his mother, and six months afterward he was arrested in a doorway in du Bac Street, standing motionless with his genital organs outside his trousers." To complete the series let us take two cases from Krafft-Ebing:—

1. A man of forty years and married, had for sixteen years exhibited himself in squares and other public places before little girls, nursemaids, etc. He always used to choose the hour of twilight and whistled to attract attention to himself.

People who watched for him had often surprised him and had administered a summary correction. Then he avoided those places, but continued his practices elsewhere. He was hydrocephalic and to a slight degree imbecile. The court inflicted a minimal punishment (Emminghaus).

2. X—— sprang from a family burdened with hereditary taints; he was imbecile, strange and bizarre in his thoughts, his feelings, and acts; he succeeded, thanks to nepotism, in occupying the position of an assistant justice. He was accused of having on many occasions exhibited himself at his window before servants. Except for this there was no trace of any genital instinct. He claimed that he had never practised masturbation.[1]

2. General Paralytics.

Exhibitionism is very frequent in general paralysis, and it assumes an unusual medicolegal interest when it appears at an early period before the diagnosis has been established or the *irresponsibility,*—nevertheless very real,—of the subject is not determined without discussion and without an exhaustive examination. In the *confirmed* general paralytic, the act appears with revolting characteristics of cynicism and of impudence, but the explanations of the patient will quickly give the key to the phenomenon.

"One paralytic enters a dressmaking establishment and exhibits his genital organs to the women working there *so that they may admire them.* Another shows them to his associates because, he says, *they are of gold.*[2] The explanation is almost pathognomonic.

"Recently I had a female paralytic in my service, where she was carrying out a sentence for a *public offense against decency.* While walking at the Buttes-Chaumont, she had slipped and slightly wounded her thigh. Seated on the sidewalk, she had tranquilly lifted up her dress to fix the wound. Two police officers questioned her; she replied, laughing: 'Put your nose there,' and uncovered herself entirely. Before the court she admitted everything, and related *with the uncon-*

[1] Sander, *Archiv f. Psych.*, vol. i, p. 655.

[2] Ritti, *Dictionnaire des sciences médicales,* article *Exhibitionisme.*

sciousness of a paralytic, the *fine joke* she had made, she said, to the police officers" (Magnan).

This case, in which the pathological mental state of the accused, — although already very pronounced, — had passed unperceived, has a double interest; it constitutes *one of the rare observations known of exhibitionism in women,* and, further, it serves as a transition through cases of exhibitionism arising at quite an early period in general paralysis; as a rule, only the later evolution of the affection gives the key to the act, at once monstrous and absurd, committed by the unfortunate paralytic, and so demonstrates that it is not a depraved individual, but an irresponsible patient, whom justice has condemned.

"A young man of twenty-six was arrested under the following conditions: every afternoon as 5 o'clock struck, he took his stand at the side of the door of a boarding-school for young girls. Just as the children who lived at home came out, he exposed his genital organs, and let the pupils file in front of him. The act, uniform as to place, time, and method of procedure, was not reported for ten days. Then the affair was investigated and resulted in a sentence of several weeks in prison. The family succeeded in keeping the matter from being noised abroad, and the condemned was able to return to the position that he had occupied. Two months later he was discharged because of illness; it was noticed that his writing was irregular and that he had intellectual deficiencies incompatible with his work. The patient returned to his family. . . . After a year of idleness, cerebral lesions appeared that made it necessary for me to cause the confinement of the patient" (Lasègue).

Dr. Laurent, of Rouen, related, in 1893, in the *Annales d'hygiène et de médecine légale,* an interesting observation of exhibitionism (accompanied besides by various immoral acts), committed by a general paralytic at a time when the true nature of these criminal manifestations could be, and, in fact, was ignored.

The subject in question had, during fifteen months, two attacks called *cerebral congestion,* with no paralytic manifestations. At that time he committed a singularly puerile theft.

Then came a third attack with left-sided hemiplegia. After that he was seized with sexual desires, erotic impulsions, at the sight of women and girls.

When he was able to get up and go out, he indulged in obscene acts in the street. Some new cerebral symptoms appeared: melancholia, suicidal ideas, and a new series of temporary congestions. Singular to relate, this individual was appointed watchman over a public square, and there he indulged in a series of immoral assaults on little girls and on an old man. He was condemned by the court, but it went by default, for in the mean time he had entered a hospital. where they had no trouble in diagnosing general paralysis.

3. Individuals Affected with Senile Dementia, Alcoholism, and Various Deliria.

Senile dementia, whose anatomical substratum is cerebral atheroma and softening, is one of the frequent sources of exhibitionism, and this manifestation sometimes constitutes one of the symptoms of the beginning of the affection. Lasègue's memoir offers a typical case of this order, which we will quote:—

"An administrator, distinguished up to the time by his intelligence, was arrested for a *periodic* exhibition of his genital organs in one of the streets of Paris. His antecedents were so highly honorable that some mental trouble was assumed without having recourse to a medical examination. A year later I was obliged to have the patient confined in a private insane asylum, where he succumbed to the effects of a senile dementia that had a rapid course" (Lasègue).

The following observation of Schuchardt, reproduced in summary by Krafft-Ebing, is likewise very interesting: "Z——, seventy-eight years old, a sailor, had several times exhibited himself in the places where children play or in the neighborhood of girls' schools. It was his only form of sexual activity. Z—— was married and the father of ten children; twelve years before he had had a severe wound on the head, of which he still bears a very deep bony cicatrix. Pressure on this cicatrix causes him pain, and at the same time his face becomes

red and he looks petrified. The patient appears somnolent; he often has convulsions in his upper right extremity (evidently epileptoid states resulting from an affection of the cerebral cortex). As for the rest, manifest senile dementia and a very advanced state of *senility*. It is not known whether the exhibitions were coincident with the epileptoid attacks. *Dementia senilis* was proven. Acquittal."

Victims of alcoholic dementia are closely related to victims of senile dementia in the matter of exhibitionism, and Krafft-Ebing has reported summarily several cases of this etiological variety taken from Pelanda. The following is an example of these cases: A man, forty-nine years old, hereditary taint, always a *drinker,* very excitable sexually; confined in an asylum for chronic alcoholism. Exhibits himself every time that he sees a female. *Acute alcoholic delirium* and *other deliria* also include the exhibition of the genital organs in the number of their symptoms.

Not to multiply examples to exaggeration we will confine ourselves to citing an interesting case of exhibitionism in an individual said to be a *lypemaniac;* the case is taken from the thesis of Lalanne (1896). It concerns an individual who was an inmate successively at Saint-Antoine, Ivry, and Broussais. Everywhere he believed the female nurses in love with his physical attractions. But his pathological exhibitions manifested themselves only in the last establishment: "He had scarcely arrived when he perceived that all the female nurses were watching him and turning their eyes especially to the region of his genital organs, talking about them to each other and enticing him with their eyes and gestures; in short, they were more in love with him than those of Saint-Antoine and Ivry. At the same time the persecution of his colleagues burst out still more violently than in these two hospitals: they went so far as to intercept all the letters that the nurses wrote him, and those that he sent them. Nevertheless he understood by their glances and by the words that they spoke to each other that their ardent desire was to see his genital organs, which, to judge by the rest of his person, must be marvelously beautiful. It was the first time that anyone had shown him so flattering a desire; the nurses of Saint-Antoine and Ivry, more

timid, doubtless, nad not dared to show it. It was tne duty of a gallant man to satisfy them and he satisfied them. According to his story, the sight of his genital organs produced tremendous effects upon them: they fled in ecstasy. Wherever he could meet them alone in the hospital, there he went, so as to afford them this ineffable pleasure.

"The patient was transferred to Ville-Evrard, and there, as he seemed calm, they allowed him to be connected with the service of the internes. But very soon they had to return him to the patients' quarters, for he began to exhibit himself before the female nurses of the establishment. The latter, according to his account, just like the nurses at Broussais, had made him understand their very keen desire to see his virile parts, and he had satisfied them also" (Lalanne).

The cases of exhibitionism met with in alcoholic delirium and in various other deliria are not difficult to refer to some evident mental disturbance, and do not offer a real medico-legal interest. It is not the same in cases of exhibitionism in *epileptics* and *degenerates,* whom it remains for us to study.

4. Epileptics.

Exhibitionism is frequent in epileptics and exhibits two major and pathognomonic characteristics: *unconsciousness* during the act, and *complete amnesia* after the act. In addition to these it has, as a habitual characteristic, that it is performed *repeatedly.*

Exhibitionism manifests itself habitually in *averred epileptics,* and according to published observations, it seems more common in *petit mal* [epilepsia mitior], *vertiginous* epilepsy, than in *grand mal* [epilepsia gravior], convulsive epilepsy. But it should be known that exhibitionism may sometimes constitute the *only* manifestation of the neurosis: the interest in the act and the difficulty of interpreting it medicolegally are just so much the more increased.

The description of the exhibition itself, freed from all the circumstances that may accompany it, is simple enough: The subject,—who is almost always a man,—*obnubilated,* suddenly exhibits his genital organs and sometimes adds masturbation

to this immodest act, and obscene proposals; in other cases he urinates at the same time that he exhibits. The act accomplished, he buttons up his trousers; finally he comes to himself after a variable period of time, and then learns of the act that he has committed from his associates, to his great surprise and confusion. To sum up, it consists symptomatically of a *true vertiginous attack whose chief act is the immodest exhibition.*

Having now stated the principal characteristics of epileptic exhibitionism, we will now, in order to present its various clinical aspects, give several cases selected from among the most typical. First of all, let us take an observation that is historical, for it forms a part of Lasègue's memoir. It is to be regretted that it is lacking in clinical details: I believe, however, that we can recognize here a vertiginous epileptic having attacks of exhibitionism:—

"A superior officer, retired (sixty-five years old), was apprehended for a public offense against decency under the following conditions: every two days,—an odd periodicity,—he used to take up his position in front of a house where some young girls lived, in the same locality as his own residence. There he exposed his genital organs; then, after several minutes, he buttoned up his trousers and continued his periodic walk. Not the least curious detail was, that he always placed his cane in the same place before exhibiting himself. The accused appeared to be in full possession of his reason; he replied pertinently to the questions asked, denied without insistence, laying less stress on the non-existence of the act than on its improbability.

"Now, this man who was of a high order of intelligence and correct habits, had lost his wife a year before; since then he had been subject to *vertiginous* attacks, with intellectual confusion and sometimes subacute delirium even.

"He himself retained only a vague idea of these attacks, of which his servants gave an exact and detailed account. His memory was weak in everything, and in his solitude he had to give up reading, which fatigued him without interesting him. An attack of this sort, but more intense, had occurred in one of his relatives, just as he was sitting down at table and

in the presence of a numerous company; they had to take the patient back in a carriage. He did not invoke nor could he invoke in his defense recollections that he did not possess. The case was not continued, and the patient died later, a hemiplegic, at the home of one of his relatives who had taken him in so as to avoid new adventures" (Lasègue).

We have given Lasègue's observation only because of its historic interest: it lacks too many details to serve as a type. The following observations, which we shall present in an order calculated to put the various aspects of epileptic exhibitionism as much as possible in relief, will be more instructive. First of all, let us take a celebrated case of Trousseau's; it will show us that exhibitionism may be the *sole manifestation* of epilepsy.

This is the case of a presiding justice of a provincial court, who suddenly left the court room during a trial, muttering some unintelligible words, went into the counsel chamber, *exhibited* himself and *urinated,* and returned to the court room without being at all conscious of the singular act that he had just performed.

The next case is that of an epileptic of the grand mal type who, between his great convulsive attacks, had attacks of exhibitionism, which constituted the only *intercalary manifestation* of his epilepsy: "I was consulted," says Dr. Voisin, "several years ago by a composer of music who had unbuttoned his trousers several times at table before ladies of good society. This man was known as an epileptic: his friends knew that he had epileptic attacks of the *grand mal* type; beyond this he was very intelligent; *his attacks of petit mal were characterized by these exhibitions.*[3]

We now come to a series of *epileptics* with *petit mal;* in them we shall see exhibitionism associated with various epileptic manifestations; they either accompany these manifestations or appear in the intervals between them. The following observation by Schuchardt, reported by Krafft-Ebing, concerns an averred epileptic in whom will be found vertiginous attacks and a trace of epileptic ambulatory automatism consecutive to

[3] *Société médico-psychologique,* 1893.

these attacks; it was during these unconscious excursions that the patient exhibited himself:—

"K—— was a subordinate official, twenty-nine years old, of a neuropathic family, living happily in his home, and father of a child; on several occasions at twilight he had exhibited himself before nursemaids. He is tall, slender, pale, nervous and quick in his movements. He has only a vague recollection of his acts. From childhood he had had *frequent congestive attacks,* his face became crimson, his pulse accelerated and tense, his gaze fixed and suggesting that his mind was elsewhere. Now and then in these attacks he had a *loss of sensations and vertigo.* In this exceptional state (epileptic) K—— would reply only when they had shouted at him several times; then he came to himself as if he were coming out of a dream. K—— claimed that during the several hours that preceded the incriminating acts, *he always had a feeling of excitement and unrest,* and that he experienced a feeling of distress with oppression and congestion in his head. When this state reached its height, *he left the house with no distinct purpose and exhibited his genital organs somewhere.* On returning to the house all that he retained of the incidents was *like the recollection of a dream;* he felt greatly fatigued and greatly distressed. It is also to be noted that during the exhibition he lighted matches to throw light on his genital organs. The opinion of the medicolegal experts was, that the incriminating acts were performed under the influence of a constraint due to the epileptic state. However, he was condemned, but with the admission of extenuating circumstances" (Dr. Schuchardt, *op. cit.).*

The next observation taken from Liman (see Krafft-Ebing) is almost analogous to the preceding: it concerns another averred *vertiginous epileptic* whose condition was complicated with ambulatory automatism and exhibitionism:—

"L——, thirty-nine years old, whose father was probably addicted to drink, had *two epileptic brothers* and one who *was insane.* He himself had *lighter epileptic attacks;* from time to time his *mind was clouded;* during this condition he *wandered about without purpose,* and afterward did not know where he had been. He was considered a respectable man;

then he was accused of having, in a strange house, *exhibited his genital organs from four to six times and played with them.* He had only a very *vague recollection* of these acts.

"L—— had already served a severe sentence for *having deserted several times while he was in the regiment* (it is probable that these desertions took place while he was in a state of epileptic disturbance); in prison he was attacked by some mental trouble and was sent, on account of 'epileptic insanity,' to the Charité Hospital, from which he was later discharged as cured. So far as the incriminating acts are concerned, we must exclude the idea of cynicism or of exuberance. It is probable that they were committed in a state of intellectual obnubilation, an inference based among other causes on the fact that this man seemed peculiar, from the psychic point of view, even to the officers who arrested him and who called him *the idiot.*"

Finally, the following is another case of *vertiginous epileptic* exhibitionism; the history was reported by Westphal: "L——, an official, forty years of age, an affectionate husband and a good father, committed, during four years, *twenty-five* serious *offenses* against decency, for which he had to suffer the penalties of imprisonment for a rather long period of time. As a first count, he was accused of having, while passing on horseback, *exposed his genital organs before girls from eleven to thirteen years of age,* and attracted their attention by obscene words. Even when in prison he exhibited himself at a window that looked upon a greatly frequented promenade.

"L——'s father was *insane,* and his brother had one day been found in the street dressed only in his shirt. During his military service L—— had twice had *very grave attacks of syncope.* Since 1859 he suffered from *strange attacks of vertigo,* which became more and more frequent; he then became very weak, his whole body trembled, and he became pale as death; a veil obscured his eyes, and he saw little shining sparks; he was obliged to support himself so as not to fall. After the most violent attacks he experienced great fatigue and profuse perspiration.

"Since 1861 he has shown *great irascibility,* and this caused severe complaints against him, though before he had always

been praised in the service. His wife found him changed: there were days when he rushed about the house like a fool, held his head between his hands, beat it against the wall, and complained of headache. During the summer of 1869 the patient *fell to the ground* four times, remaining torpid with his eyes open.

"He was also found to have states of *intellectual obscurity*. L—— claims that he knows nothing of the offenses with which he is charged. Under observation it was established that he had other and more violent attacks of epileptic vertigo. L—— was not condemned. In 1875 there developed in him a paralytic dementia, which soon culminated in death" (Westphal, *Archiv f. Psych.*, vii, p. 113).

Tarnowsky has reported a case of epileptic exhibitionism that is truly curious in its method of execution, and hence we are prompted to recount it: "X——, a man of the best society, had been leading for some time a very dissolute life and had *attacks of epilepsy*. He had become engaged, and on the day fixed for the marriage, a short time before the ceremony, he appeared with his brother in the room filled with the people invited to the wedding. When he came before his betrothed he *exhibited* himself and began to masturbate. He was immediately taken to a clinic of psychiatry; on the way he masturbated without ceasing, and for several days he was a prey to this temptation. When the paroxysm had passed the patient had only a very vague recollection of the incidents that had just taken place, and he could give no explanation of his conduct."

In some of the above observations we find clearly the characteristic of *repetition* in epileptic exhibitionism, a characteristic that we have placed in the definition itself of this manifestation. In 1893 Dr. Garnier reported to the Medico-Psychological Society an interesting and typical case in this connection; the interest is further double through the difficulty of causal diagnosis:—

D—— was called upon for the fifth time to answer to a charge, always the same: exhibition. Since 1877 he had served four sentences for public offenses against decency. In defense, the subject denied the acts absolutely; he has, besides,

no recollection of the acts with which he is charged, and feels in no way guilty. These explanations seemed somewhat suspicious until Dr. Garnier, after minute inquiry, discovered that D—— had presented *attacks of unconscious, ambulatory automatism.*

Epileptic exhibitionism, like all other varieties of exhibitionism, is observed almost exclusively in men. The following is one of the rare, exceptional cases of an act of exhibitionism in women: Simon *(Crimes et délits)* mentions an epileptic girl of twenty-three years, of the best bringing up and of the most severe morality, who, in her attacks of vertigo, murmured some obscene words, then *raised her skirts,* made lascivious movements, and tried to tear her closed drawers (cited by Lalanne).

5. Degenerates.

The exhibitionism of degenerates is not the variety richest in cases, but it is certainly the variety that presents the greatest clinical and medicolegal interest. It is only fair to state that it was Dr. Magnan who, in 1890, in a remarkable communication to the society of legal medicine, separated this very clear type from the chaos of the exhibitionism of Lasègue.[4]

Exhibitionism is observed in degenerates of every order, among idiots and imbeciles as well as among degenerates of superior rank; but it is really in these latter that it acquires all its clearness and all its interest. In inferior degenerates the typical characteristics are effaced and the act becomes almost commonplace. For that reason it has seemed to us well to say a word concerning exhibitionism among idiots and imbeciles at the beginning of this chapter, and to reserve a special place for degenerates of a superior intellectual order: it is of the latter alone that we shall treat here in describing the exhibitionism of degenerates.

Exhibitionism in degenerates will be quickly understood in its chief features when we shall have said that it is nothing but an *occasional syndrome* of degeneracy. In other words, it is an *obsessive impulsion,* with all the pathognomonic char-

[4] Magnan, *Annales d'hygiène et de médecine légale,* 1890, 3e série, t. xxiv.

acteristics that that manifestation possesses, characteristics that are well known and that we shall merely recall: an *obsessive anxiety* that possesses the patient and forces him to perform with *full consciousness* and after a *struggle* of variable duration, an act that he realizes is immoral; relief and calm follow the accomplishment of the act. Finally, let us add that the exhibitionism of degenerates constitutes a *manifestation with repetitions.*

We will now pass in review a certain number of characteristic cases, whose salient points we will note as occasion demands. We will begin with one of Lasègue's observations; it is the first in his memoir and was the point of departure for his study of exhibitionists:—

"It was the case of a young man (less than thirty years old) belonging to a respectable family and himself occupying an envied position as secretary to a political personage of that period. He was distinguished in mind and in person, and his bringing-up attached him to the best society.

"The authorities had been informed through numerous complaints of a scandal that was being repeated in churches, always toward nightfall. A young man, whose description was given, suddenly made his appearance in front of a woman saying her prayers in the church, which at that time was but little frequented; he exposed his genital organs without saying a word, and after a moment's stay disappeared in the shadows.

"It was difficult to catch him because of the number of places that he visited. One evening, however, this strange individual was arrested at Saint-Roch's just as he was indulging in his periodic practice in front of an old nun, who uttered a great cry and aroused the attention of the custodian. The crime was so peculiar that the court called for a medical examination. I had long conversations with the accused, from which I could only obtain certain indications. The *impulsion* was *invincible;* it recurred periodically at the same hour, never in the forenoon; it was preceded by a feeling of *uneasiness,* which he attributed to a sort of *internal resistance.* The inquiry carried out with a care that may be imagined, supplied only negative evidence. Everything was irreproachable, with the exception of the acts that had caused the arrest."

Lasègue added in conclusion: "I was less experienced at that time, and in the absence of any conception of delirium or any intellectual or nervous perversion, I had to conclude and state that there was no occasion to admit that he was irresponsible."

This observation lacks many practical desiderata; there are many omissions. But it is easy to recognize the distinctive mark of the *periodic syndrome* of degenerates. The following is a typical observation by Dr. Magnan *(loc. cit.)*. The study of the facts themselves and the study of the patient are here treated by a masterly hand; we give a summary, including all the salient points:—

G——, a waiter in a café, was arrested on April 20, 1888, at the church of Saint-Germain l'Auxerrois; he was standing in the lobby of the entrance door, with the swinging door half open, and was just exhibiting his genital organs to the sight of several working girls in a shop opposite, in the house numbered 13, Prêtres-Saint-Germain-l'Auxerrois Street. This was not the first immoral offense that he had committed; the preceding year he had incurred and served a sentence for a similar act. On May 12, 1887, he had taken a seat on the top of an omnibus, his eyes directed to the house windows in search of women,—he was then in a paroxysm of sexual excitement; when he reached the end of Bréda Street he resisted no longer; he stopped the omnibus, got down, and stationed himself in the doorway of a house, where he exposed his genital organs to the sight of two young girls and a chambermaid who were opposite at a window in the second story. When the father of the two young girls called to him, he withdrew and, passing into La Bruyère Street, he met two ladies before whom he stupidly exhibited himself anew; he was immediately arrested by an officer who was notified.

The repetition of this peculiar act after one sentence put the court on the alert, and it was decided to appeal to the knowledge of an expert, who was Dr. Magnan. The latter examined the subject and easily recognized the distinct characteristic of *hereditary degeneracy* in the individual and the *impulsive* nature of the act.

The *ancestry* of G—— was as follows: His *father* had a

very uneven character, was violent and irritable, and one day, in a fit of unjustified anger, threw a pestle at his brother. His *mother* was very *neuropathic* and subject to attacks of nerves with loss of consciousness; while her character was sad, she became excited at irregular intervals, and became aggressive and violent to those about her, or else, dominated by hypochondriac ideas, she imagined that she was going to die. Sometimes she had *suicidal ideas,* and would have thrown herself into the river one day if her children had not interfered.

The issue of such parents, G—— exhibited manifest *psychic stigmata* of degeneracy; he had a facial twitching. He exhibited a *generalized anesthesia,* and scarcely felt pinpricks on his arms and legs. In his childhood his character was particularly changeable; at times he was gay, unreserved, restless, seeking the society of his comrades; at other times, on the contrary, he was sad, gloomy, self-centered and inclined to suicide. At the age of ten years he wanted to kill himself after a punishment that his mother had inflicted on him, and later he made more than one attempt at suicide. Finally, he was excessively *emotional.* The chapter of sexual anomalies likewise leaves no doubt as to G——'s condition. As a waiter in a restaurant, when a woman of the street came into the establishment he had such a *genital orgasm* that, without any special acts on his part, an emission occurred; it was the same when he followed a woman in the street. At home *priapism* was almost permanent, and on this point his admissions were in accord with those of his wife; the erection, which sexual intercourse did not calm, was a frequent cause of insomnia.

At nineteen years of age tendencies to exhibitionism manifested themselves; at that time he indulged in exhibitions at his window and showed himself naked to the eyes of his neighbors. The exhibition followed upon *veritable crises,* or paroxysms, during which G—— experienced headaches, confusion of ideas and uncertainty of memory; at the height of the paroxysm he could endure no longer, and for relief *exhibited* himself. During the ten months that had preceded the act that resulted in his second arrest,—the act that started the medicolegal inquiry,—G—— was ceaselessly *obsessed* by the

fear of yielding to this strange desire to exhibit himself. It was a continuous internal struggle, the *obsession* never left him.

The following are the conclusions formulated by Dr. Magnan, and they happily sum up the whole observation:—

1. G—— is a *hereditary degenerate* attacked on various occasions by *obsessions* and *irresistible impulsions.*

2. On April 20, 1888, he was *conscious* of the criminal nature of his sexual exhibition, but he was impelled to it by a *morbid obsession* so imperious that it *annihilated his will.*

3. He is *not responsible* for an act that rests entirely on a *perversion of the genital instinct.*

We have gone into this case with some detail because it is truly typical, and the time has not been lost if it serves to fix it in mind. Two pupils of Dr. Magnan, Drs. Boissier and Lachaux, have published in the *Archives de neurologie* for 1893, a case of exhibitionism in a degenerate, in which the *impulsive character* of the act is very well brought into evidence:—

"May 3, 1892, B—— entered Saint-Anne's; he had been arrested at the Tuileries for exhibitionism. He had already, in 1891, made a sojourn at the asylum for an act of the same nature, and had besides exhibited himself some fifteen times without being arrested. The exhibition that took him to the asylum for the second time had taken place under the following circumstances: The patient was taking a promenade alone in the Tuileries; two ladies were walking slowly toward him. He looked at them indifferently for a moment. But suddenly he felt an uneasiness, *with which he was already acquainted.* Seized by a *formidable desire to show his penis to these ladies,* he hesitated at first, sought to control himself and tried to go in a different direction. But the desire, *becoming stronger every moment,* paralyzed his attempts. Although he experienced no functional incitement *in situ,* he experienced the influence of a *strangely painful general attraction* and a growing uneasiness oppressed his chest. He *knew* that he *should succumb in spite of himself.* His temples throbbed; a fit of trembling seized him; the sweat came out on his forehead; his breathing became short and quick. The women, however,

had reached him and passed on, without his having made a gesture. But the obsession reached its height; carried along by its impulse, he passed before the women, threw himself on a seat, and exposed his genital organs."

B——, the author of this impulsive act of exhibitionism, was an incontestable hereditary degenerate, and bore slight physical stigmata. One of his uncles was attacked with vesania; his mother, typically unbalanced mentally, had had attacks of dipsomania, and died at the Ville-Evrard asylum; his maternal aunt died at the asylum of Vaucluse; his brother, who was subject to attacks of convulsions, drowned himself voluntarily.

In the following case, taken from Dr. P. Garnier,[5] will be found again, condensed in a few lines, the typical features of the periodic syndrome in the act of exhibitionism and those of hereditary degeneracy in the culprit: this is a companion to the observation of Drs. Boissier and Lachaux:—

"It concerned a young man of twenty-six, employed in the government and belonging to a highly respectable family; he had received an excellent education. Mr. M—— was the son of one of the most distinguished engineers, who had *rapidly succumbed to cerebral affections,* and his mother was *weak-minded.* He gave evidence of great mental *instability* and of *extreme variableness* in his tastes and inclinations; we note in him *odd flights,* phases of ambulatory automatism, *strange impulses,* characteristic of his state of mental degeneracy and bearing witness to a singular aberration of the genital instinct.

"Yielding to an *irresistible morbid desire,* he used to open the door of the shops of dealers in gloves, underwear, dresses, etc., where he perceived a number of girls. He went no further, but stopping on the threshold of the shop, quickly and without speaking a word, unbuttoned his trousers, exhibited his genital organs, and that done, beat a hasty retreat. Further, there was no genital orgasm, no sensual appetite seeking a more ample satisfaction. This brief exposure of the genital organs was the culmination of the impulse, which immediately disappeared." "It was necessary," he said, "that they should

[5] La Folie à Paris, 1890, p. 383.

see me . . . that was the *only need* that I had to satisfy, but *it was stronger than I.*"

It will be seen without difficulty that there is a clearly marked shade of difference between the exhibitionists of Dr. Magnan and Drs. Boissier and Lachaux, on the one hand, and the exhibitionist of Dr. Garnier on the other; the first two exhibitionists lived a normal sexual life, they were potent; Dr. Garnier's exhibitionist, on the contrary, was impotent; *his only sexual satisfaction was the exhibition, which for him was equivalent to the normal act.* This is a feature that will be found in more than one observation of exhibitionism; we shall give opportunity for verifying this statement.

One of the characteristics of the exhibitionism of degenerates is, that *the act is repeated;* the three observations given above demonstrate this characteristic. But the repetition of the act takes on a specially significant interest when each one is marked by a judicial apprehension, a sentence, and when the unfortunate subject, continually condemned, begins again to exhibit himself, and so on until the day when the court in view of such a situation begins to doubt the mental state of the relapsing offender and orders an examination, which finally establishes the true nature of the offense; the day when the court opens its eyes is unfortunately often very remote, as we shall see in the second of the cases below.

1. B——, fifty-six years old, educated, exhibited suicidal ideas in 1889 as the result of unfortunate business matters. One day at that time, when passing through the Bois de Boulogne, he was suddenly seized with *inexpressible discomfort* and a *sensation of agony,* with pains in his testicles. Wishing to try to relieve his sufferings, he plunged into the wood, and exposed his genital organs. He remained there quite a while, without the least erection, but also without trying to conceal himself. He was discovered, taken to the nearest station and summarily *sentenced* to six days' imprisonment. The *second time,* in April, 1890, he was seized with a similar attack while passing through the Luxembourg; he experienced the same discomfort and the same irresistible impulse to exhibit his genital organs. He was considered responsible and sentenced to two months' imprisonment. The *third time,* in 1892, the

scene took place in the Bois de Vincennes; he was seen by some children, reported, taken and sentenced to two months' imprisonment. Finally, the *last time,* in May, 1894, the scene was repeated in the Bois de Boulogne; he was again arrested and sentenced. He affirmed that he was impelled by an irresistible force; in the intervals between the attacks he is perfectly aware of the absurdity of his exhibitions (Lalanne).

2. X——, thirty-five years old, was submitted to a medical examination after a series of exhibitions and condemnations truly remarkable in number. In 1879 he received a sentence of one year's imprisonment for having exhibited himself before children (1). In 1881 the same offense; one year and three months' imprisonment (2). Two days after his release he was arrested again for obscene proposals (3). In 1883 and in 1884 new exhibitions and new sentences (4 and 5). In 1885 an exhibition before girls in a cemetery; six months' imprisonment (6). Released on August 12, 1885, he began again the 15th, and found himself sentenced to three years at hard labor (7). After having served his term he indulged again in a series of exhibitions, and was finally subjected to a medical examination.

He was a hereditary degenerate; his *father* was a chronic alcoholic and also, it seems, an exhibitionist; his *mother* and one sister were neuropathic; the rest of the family was likewise tainted. From seven to eighteen years of age he himself had attacks of convulsions, and he exhibited cranial malformations.

For a long time this unfortunate *found no sexual satisfaction except in exhibition,* which procured him erection and even ejaculation; he had no *other genital manifestation except exhibition,* the thought of which *obsessed* him at every moment. It was in vain that he *tried to resist;* he was seized so *violently,* so *powerfully,* that he saw and heard nothing about him, and was completely *without reason, like a bull who wants to batter down a wall with his head.* During the act he did not lose *consciousness;* when the act was accomplished, he was relieved, but also filled with chagrin at his conduct, and said to himself, if he had not been taken in the act: "I have escaped the judge again." This remarkable case, of which

we have merely summarized the salient features, belongs to Dr. Freyer; it has been cited by Krafft-Ebing.

Dr. Magnan has brought out a rather curious point. A certain exhibitionist still has the power to resist his impulse when he is in a normal state, and to conquer it; but when he is under *the influence of alcohol, the impulse becomes irresistible.*

Victor B——, twenty-seven years of age, a hereditary degenerate, had experienced tendencies to exhibitionism for thirteen years; he would go up to a wall at a corner of the street, as if to urinate, and make efforts to attract the glances of passing women to his genital organs; the exhibition was always pleasurable, but was succeeded by remorse. B—— reproached himself for the act; he *often* forced himself *to resist* the desire, but the latter became more urgent, and he then experienced *great discomfort,* which he characterized by saying: "I felt as if I were suffocating."

When a soldier he frequently exhibited himself before his comrades on one pretext or another. After he was seventeen years old he had relations with women, and *took pleasure in showing himself naked* before them. In Paris he would stop at the entrance to the urinals with his organs outside his trousers. Disappointed by the absence of female spectators, the idea occurred to him of practising his displays in churches, where he was certain, he said, to have the satisfaction of being seen by women; but, he added, he never had the courage to enter them until after *he had fortified himself by several glasses of absinthe.* It was under these conditions that he was arrested at Saint-Germain-l'Auxerrois'. On the report of Dr. Motet, the case was dismissed.

Some time after this, *after some excess in absinthe,* he entered the church of Saint-Joseph, sat down, and exhibited himself before two little girls, even adding masturbation to the act of exhibition. He was arrested and underwent an examination by Dr. Magnan (Magnan, *loc. citato).*

Krafft-Ebing has published an analogous observation; an individual, a hereditary degenerate, was arrested in a square for having exhibited his genital organs to a lady; he was in a state of intoxication. He had already been an exhibitionist

for several years, and succumbed fatally to his impulse when he had indulged in any alcoholic excess. His genital power had also diminished considerably for some years, and exhibition was what gave him the most satisfaction. Finally, let us add a very characteristic feature, that in his *erotic dreams he exhibited before large numbers of young women.*

Among degenerate exhibitionists there is a very curious category, that of individuals who, since the memoir of Dr. Magnan, have been designated by the name of *rubbers.* For them, simple exhibition, even when accompanied by masturbation, is not sufficient; it is further necessary for them to put their genital organs in direct communication with some object *that for them plays the rôle of a genital stimulus;* they must *rub their penis against this object.* These *rubbers,* then, are at the same time *fetichists,* and in reality more that than *exhibitionists,* and with them exhibition is merely *secondary.* It is not the final *goal* of the *impulse,* the *ending* itself that gives sexual satisfaction; it is only an *intermediate stage* among the aberrant acts that his sexual anomaly commands the unfortunate degenerate to accomplish. The three following observations by Dr. Magnan,—they are classical,—will serve to acquaint us with the typical *rubber*:—

"One of the first rubbers with whom I have had to concern myself was a man of forty-four years, *predisposed,* alcoholic and with lead poisoning; long before, he had contracted habits of masturbation, which had almost entirely ceased for the past year. . . . For the past two years he had had no erections, could no longer have sexual relations, but sometimes had seminal losses. Since that time, he said, he felt himself impelled to acts contrary to nature. At nightfall he would go toward the crowds, as to omnibus stations and around jugglers; he would draw near and get behind a woman, seeking by *preference the fattest;* then he would take out his penis, which remained *flaccid,* and *rub* it against his neighbor's buttocks. It was while he was indulging in this practice at the omnibus station at Clichy Square, that he was arrested by an officer."

This unfortunate, who was condemned to four months' imprisonment, was seized while serving his sentence with mel-

ancholic delirium, with ideas of persecution *(delirium of degenerates)*.

2. "A second rubber, Louis M——, thirty-one years old and affected with mental degeneracy, was admitted to Saint-Anne's; in an attack of melancholia and in the midst of his delirium, he reproached himself bitterly for his abominable acts, which, he said, had dishonored his family.

"He had been married for six years and was the father of four children; *three years back* his wife had discovered him *indulging in masturbation in a silk dress,* which he had spotted with semen. One day in the shops of the Louvre an inspector perceived him *rubbing his penis* against the dress of a lady engaged in making purchases. Taken before the police commissioner, he related that *in spite of all his efforts,* in spite of the *dangers* that he ran, he was unable when once his organs were exposed to resist the violent desire to rub them against the back of a well-dressed woman."

3. Pierre G——, aged thirty-three, a hereditary degenerate, was discovered by a ticket collector at the omnibus station of the Etiole, rubbing his penis on the dress of a lady who was awaiting her turn to enter the vehicle. . . . He related that he had *resisted for a long time,* but that at the sight of a lady *who was very prominent behind, he had been, as it were, confused and no longer knew what he was doing.* After being subjected to a medical examination, he was sent to Saint-Anne's after the case had been dismissed.

I have found in Krafft-Ebing a fourth observation of a rubber, likewise very expressive; it is as follows: "Z—— was born in 1850; his past is irreproachable and he comes of a good family; he is an employee in a private office and has a good material situation; no inherited taints. He has been a widower since 1873 after a short married life. For some time past he has attracted attention to himself in churches by his mania for pressing himself against the backs of women, whether young or old, and by feeling of their shapes. He was watched, and one day they succeeded in arresting him in the act. He was in the greatest consternation and in despair at the situation; he made a complete confession and begged

to be spared, as otherwise there would be nothing left for him except suicide.

"For *two* years he had been *obsessed* by the unfortunate inclination, when he was in a crowd, at church or the theater, to rub himself against the backs of women and to handle their puffed-out dresses; this caused him an *orgasm* and *ejaculation*.

"Z—— affirms that he has never been addicted to masturbation, and has no perverse sexual tendency in any sense. Since the premature death of his wife, he has satisfied his strong sexual needs by temporary liaisons, but prostitutes have always been repugnant to him. The inclination for rubbing came to him suddenly two years ago. He was standing by chance in a church. Although he was aware that it was improper, he could not prevent himself from yielding at once to the *impulse*. Since then he has become so excited by the posteriors of women that he feels impelled to seek opportunities for rubbing. In women it is only the posterior form that excites him; he is absolutely indifferent to all the rest of the body and the toilet, as well as the woman's age, her beauty or ugliness. He no longer has any inclination for *natural satisfaction*. Lately scenes of rubbing appear also in *his erotic dreams*.

"While rubbing *he is perfectly aware of the situation and of the significance of the act*, and he forces himself to proceed, as far as possible, so as not to be seen. Afterward he always feels ashamed of having committed such an act."

Rubbers are far from being the only *fetichists* who exhibit themselves. In fact, the sight of the desired object sometimes causes such excitement in some fetichists that, forgetful of all outward surroundings, these unfortunates expose their genital organs and masturbate as they gaze at the fetich; we shall see examples of this when we shortly begin our study of fetichism.

Finally, exhibitionism enters also, as a *secondary episode*, into the series of abnormal acts instigated by some of the other perversions of the genital instinct, as an appanage of degenerates, such as nymphomania and satyriasis. In fact, it is not rare for exhibitionism to occur, for some purpose or other, in the paroxysm of nymphomania or of satyriasis; we shall return to such cases at the proper time and place.

Let us now, neglecting exhibitionism that appears *as a secondary manifestation in the course of some other aberrant genital procedure* (exhibitionism in fetichists, nymphomaniacs, etc.), summarize along broad lines, according to the cases inserted here, the history of *pure exhibitionism in degenerates,* that in which the exposure of the genital organs, accompanied or not by some accessory act such as masturbation or obscene proposals, constitutes the entire morbid act and is the supreme goal of the impulse.

This exhibitionism is *obsessive, impulsive,* and *conscious.* It appears under the form of *paroxysms,* and alcoholism plays a bad rôle in the breaking out of attacks and in the inability of the patient to resist the morbid impulse. It sometimes develops at an early age in degenerates, at the age when the genital tendencies are forming.

This *precocious outbreak,* the *recurrent character* of exhibitionism, and the *typical dreams* in which the patient is present at scenes of exhibition of the genital organs, show to what point the anomaly is an *integral part* of the individual, and that it is, indeed, one of the *characteristics of his sexual personality.*

At times exhibitionism is *coincident* with a *heterosexual genital life* more or less normal; at times it constitutes, together ordinarily with masturbation, *the sole manifestation* of the sexual life. It is not rare to see the genital life begin normally, and then the individual may become *impotent* toward women; the tendencies to exhibitionism are at first very slight, but increase parallel with the impotence, and the unfortunate reaches the point of no longer experiencing pleasure except in his genital perversion. Finally, exhibitionism *does not exclude other perversions of the genital instinct,* and can, on the contrary, *be coincident* with them.

6. Somnambulism and Exhibitionism.

There is a single case in science, and one of striking interest, in which an unfortunate in an attack of hysteric somnambulism, in the true *second state,* in other words, performed an act of exhibitionism; he was condemned in the first instance

and acquitted on appeal through the intervention of Dr. Motet, who brought forward in the most convincing way the proof that this individual had committed his criminal act in the second state, that is to say, in a condition of complete irresponsibility. It seems desirable to describe this affair, and to that end we will summarize Dr. Motet's memoir.

In its session of January 26, 1881, the court of appeals reversed a sentence by the lower court, which condemned Emile D—— to three months' imprisonment on the charge of a public offense against decency.

This man had been arrested on October 18, 1880, at half-past eight in the evening by the officers on duty in the neighborhood of a public urinal in Saint-Célie Street. These officers affirmed that they had seen a great many things and had established the fact that D—— had remained more than half an hour in the urinal. They even claimed that D—— had sought to entice one of them. In any case they could not say that his attempt at enticing was directed toward anyone else. D—— was summarily carried off by them, and protested his innocence in vain. They took him to the police station. In three days he was tried, condemned, and sent to the Santé prison. He was sick when he arrived there and was placed in the infirmary.

There was this thing peculiar about the case, that D—— remained in a state of half stupor from the time of his arrest until his arrival at the Santé prison. He did not remember that he had been tried. Two Paris officers had taken him under the arms and almost carried him from the prisoners' bench; it was in the prisoners' waiting-room that *he came out of his state of stupor* and that he learned that he had just been sentenced to three months' imprisonment. He had notified no one; he had been aided by no one; and while these things were taking place his employer, one of his comrades, and his cousin were searching for him everywhere. They knew that he was ill. The day of his disappearance he had had abundant hemoptysis; he had gone out to visit his physician. What had become of him? They searched the morgue; they went to the relief station; they found no trace of him anywhere. It was only after five days that he wrote to his employer.

Now, in the month of April, 1879, D—— had entered the

service of Dr. Mesnet at the Saint-Antoine Hospital, and had spent almost six months there. He did not suspect his condition; what he complained of particularly was the loss of a great deal of blood from a fungous tumor situated below and outside the left nipple. They soon perceived that he had attacks of nocturnal somnambulism.

Dr. Mesnet, observing in the patient the predominance of a nervous temperament with feminine exaggerations, and finding numerous points of anesthesia on him, thought it would be possible to substitute attacks of induced somnambulism for the attacks of spontaneous somnambulism, and his suspicions were justified. It was under these conditions that Dr. Motet was able to observe him at the Saint-Antoine Hospital.

"As soon as he knew of D——'s arrest, Dr. Motet hastened to interfere. The case was appealed, an examination ordered, and Dr. Motet established in his report that D—— was subject to attacks of *spontaneous somnambulism,* and could likewise be artificially plunged into *hypnotic somnambulism;* the analogy between these two varieties was profund, complete. Already D——, in an attack of natural somnambulism, had escaped from the Saint-Antoine Hospital, and had been caught on the boulevards and taken back by the hospital employees. Dr. Motet concluded in his report that it was while in the second state that D—— had committed the public offense against decency with which he was charged.

"Nevertheless the court manifested some hesitation, some doubts; it seemed to the court difficult to admit that a man could pass through such different states and submit to the influence of a will other than his own. We proposed to have the court witness an experiment as simple as it was easy to perform, which our teachers, Professors Lasègue, Charcot, Vulpian, and many others have long since ceased to place in the group of extraordinary facts and put it in that of pathological facts.

"It was indeed a pathological case with which we had to do, and even if the experiment should supply no new proof, in proposing it we remained on scientific ground. We thanked the presiding judge of the court of appeals for wishing to be

convinced and for having allowed us to offer him the means at once.

"We proceeded as follows: D——, we said, can easily be placed in the *secondary state*. It is sufficient to make him gaze fixedly for a few moments; it is thus that we made him enter the period of induced somnambulism, in which he ceased to belong to himself and was dispossessed of his will and made subservient to ours. We were shut up in the counsel chamber with several of the attorneys; he was in the prisoners' room. We called him; the moment he heard our voice he rushed forward, scattering the municipal guards stationed in his way, with the vigor of a man who overthrows an obstacle, opened the door of the room and reached us, stood still and waited. At that moment he knew no one but us; he saw only us and obeyed us alone. The presiding justice having wished to be assured that he had lost his recollection of the acts belonging to the attack, asked us in a low voice to order him to open his garments, his trousers."

"We said to him: 'D——, undress yourself.'

"He took off his clothing almost violently. Then at the invitation of the presiding justice, we asked him: 'What did you do in the urinal? Do you remember?' And we placed him in front of the wall. He took his handkerchief, approached the wall and made the gesture of wiping his mouth; this gesture he repeated several times in succession.

"We woke him up by a simple breath of cold air on his eyes, and his face expressed profound surprise at finding himself there. The presiding judge approached him and said to him:—

"D——, you have just disrobed before us."

"I don't think so, sir," he replied.

"All these gentlemen saw you as I did. See, you are still unbuttoned; your trousers are open."

"I don't remember anything about it, sir."

"Dr. Mesnet was present at the hearing. At our request, the presiding judge consented that he should enter the counsel chamber; he then, in his turn, took possession of D——, and in a few seconds put him into the state in which we had placed him ourselves. From that moment we were as unknown to

D—— as were the other persons present. Dr. Mesnet ordered him to write to him, and placing him at the table with paper and pen, he made him write the opening lines of the letter that D—— had sent him from the Santé prison. While D—— was writing we demonstrated his complete anesthesia. The experiment then seemed satisfactory. D—— was awakened and led back to the prisoners' room.

"When the hearing was resumed, the court rendered the following decision: "In view of the fact that though it appears established that D—— committed the acts with which he is charged, it is not sufficiently established that he was morally responsible for them;

"Considering, in fact, that Dr. Motet's examination, going back to a remote date, shows that the prisoner often falls into a state of somnambulism; that in this state he could not be considered responsible for his acts;

"In view of the fact that this examination was reinforced by a new experiment performed in the counsel chamber; and that under these circumstances D—— could not be considered responsible;

"The court annuls the decision that was appealed, and acquits D—— of the consequences of the charge."

CHAPTER XVII.

FETICHISM.

Conception and definition of fetichism.—Fetichism is confined to the male and there is a heterosexual fetichism and a homosexual fetichism.

General characteristics of fetichism. Its foundation lies in mental degeneracy; fetich-obsession.—Congenital fetichism and retarded fetichism; a vivid impression often becomes the cause that determines the outbreak of fetichism.—The sexual life of the fetichist; the subject is impotent except in the presence of his fetich.

Nature of fetiches: they are very various and consist in general, in the case of heterosexual fetichism, of some part of the female body, such as the hand, the mouth, the hair, etc., or of some object of feminine use, such as the chemise, cap, handkerchief, shoes, apron, cloth of feminine apparel, etc.—The nature of the fetiches in homosexual fetichism is similar: parts of the male body, or objects used by men.—The nature of the fetich is something very definite and precise.—A fetichist often has several fetiches.

The sexual conception of fetichism is too narrow: every object, whatever it may be, whether of sexual significance or not, may become a fetich.

Fetichism in the courts: fetich thieves and exhibitionists: thieves of handkerchiefs, of aprons, hair snippers, cutters of dresses, etc.

THE present chapter will be devoted to one of the most singular, one of the most original perversions of the genital instinct that may be met with,—*fetichism.* What is *fetichism?* To give a definition now would be perhaps premature, and we prefer to lead up to the definition by showing the principal elements of the question.

The object of *normal love* is *union* with persons of the opposite sex; for *men,* then, it is the sexual possession of women. The genital *stimulus* for men in normal love is *women* in a general way, and more especially the sight or the representation of *nude women* or of *female genital organs.*

It sometimes happens that the sight, the contact or the representation of a part of the female body produces genital stimulation in normal men. The sight, the contact, etc., of

the arm, the leg, the hair, etc., of a woman will often act thus; but in this case the genital desire, awakened in us by some part of a woman's *physical* being, aims to be sure at the possession of the woman herself. In other cases it is not a physical trait in women but a psychical trait that awakens the genital desire and incites us to desire the possession of the person in whom we find this particular stimulus.

Normal male love also finds a *stimulus* in certain details of the feminine toilet; we like to see a desired woman dressed in a certain way rather than in another. But in this case the costume or the details of the costume serve really to increase the sexual desire, which may arise and be satisfied in the absence even of this supplementary stimulus.

Finally, certain objects belonging to a woman we love, are dear to us; they call up her image before our eyes. The sight of these objects may sometimes give us genital stimulation, but this stimulation, it is very clear, is directed to the woman herself. When we see objects that have belonged to her, the recollection of her and quite as soon the desire to possess her are aroused in us.

Imagine now that the sight, contact, or representation of a woman's arm, leg, etc., produces the venereal orgasm in an individual, or still more, ejaculation, without *arousing the desire to possess the woman herself:* this is certainly an anomaly of the genital instinct. Here in fact the woman herself *no longer counts.* The genital orgasm produced by the sight of such and such a part of her body does not aim at the possession of her; the man's love is not addressed to the woman, but to that part of her being that becomes at once the necessary and sufficient stimulus to produce erection and at times even induce complete sexual enjoyment in the genitally abnormal individual whom we are considering.

This anomaly of the genital instinct is *fetichism.* The parts of the female body that play the rôle of the both necessary and sufficient genital stimulus are *fetiches;* the aberrant love that is directed to them is *fetich love;* and finally the abnormal individual is the *fetichist.*

We spoke a moment ago of those details of the female toilet that in a normal individual play the rôle of the *stimulat-*

ing object for the possession of a woman. Now imagine that these objects, these articles of the feminine toilet are *themselves alone* capable of provoking genital stimulation, that love is directed to *them* and not to the woman who wears them, that they become in a word the stimulus that is at one and the same time necessary and sufficient for producing an erection and even ejaculation in an individual: there you will have an anomaly of the genital instinct in all points analogous to that which we considered above. This again is *fetichism,* and here the *fetiches* are the objects, the toilet articles, that play the rôle of a complete genital stimulus; the love that arises from the sight, the contact and the representation of these objects is true *fetich love,* and the unfortunate, aberrant victim of this love is truly a *fetichist.* You can likewise imagine a fetichism directed toward such and such an object that a woman possesses.

The conception of *fetichism* should already be clearly defined in your minds. *Normal* love is love for the woman herself, with the possession of the woman as the supreme goal, whatever may be the accidental and contingent stimuli to this love. Fetich love is love exclusively for a part of a woman's body, or an object of feminine toilet, etc. The woman no longer counts either as a *stimulus* or as a *supreme end:* she is *replaced by the fetich.*

But this is not all yet. Side by side with normal, heterosexual love there exists an inverted, homosexual love. Now just as the normal love of man for woman can be replaced by a fetich love directed not to the woman but to something of hers, so the love of man for man can be replaced by a fetich love directed no longer to the man, but to a *part of the male body,* some *object of the male toilet,* etc.: in short something *belonging to or related to a man.* To normal heterosexual love is opposed a *heterosexual fetichism;* to abnormal, homosexual love is opposed a *homosexual fetichism,* and the *fetich* in the second group has in every point the same characteristics as in the first. Let us add at once that just as normal love is much more frequent than inverted love, so *heterosexual fetichism* is much more frequent than *homosexual fetichism.*

Up to this point we have dealt with fetich love,—hetero-

sexual and homosexual,—in men: this is because fetich love *is not known in women,* at least up to the present. We now possess a satisfactory conception of fetichism and we can translate this conception into a definition, which we shall borrow from the excellent memoir of our distinguished colleague and friend, Dr. P. Garnier.[1]

Fetichism is an anomaly of the genital instinct that confers, sometimes on an object of the female toilet, or on male garments, sometimes on a certain costume, sometimes, finally, on a part of the body of one sex or the other, the exclusive power of arousing voluptuous sensations and of producing the venereal orgasm.

According to a happy expression of Dr. Garnier's, fetichism is *love on the aside.* I shall say later that the domain of fetichism seems to me *still broader* than our preliminary study and our definition that sums it up allow; but we can at least for the moment hold to this conception of fetichism with its two varieties, heterosexual and homosexual, and enter at once upon our study.

Heterosexual and homosexual fetichists differ from each other only in the nature of the fetich, which for the former is of *female origin* and for the latter of *male origin;* but the etiology, the symptomatic basis, etc., exhibit in all fetichists a striking analogy and naturally admit of a study in common, which we will first of all outline.

General Characteristics of Fetichism.

Our knowledge of fetichism is recent, and among those who have contributed most to the establishment of this curious type we should mention Charcot and Magnan, Krafft-Ebing, Motet, Garnier and Moll: these are names constantly met with in our studies of the perversions of the genital instinct. The word *fetichism* is, I believe, due to Dr. Binet, the distinguished psychologist, known to all.[2]

The *etiology* of fetichism is that of the perversions that we have already studied, as well as that of the perversions that we

[1] Les fétichistes, pervertis et invertis sexuels, Paris, 1896.

[2] Le fétichisme dans l'amour (*Revue philosophique,* 1887).

shall still have to pass in review. Like the true inverts, like a certain category of the exhibitionists, etc., the fetichists are *degenerates.* The numerous examples that we shall cite will show the hereditary taints and the various stigmata, both physical and especially psychical, of these unfortunates; and among these stigmata we shall frequently meet with other perversions of the genital instinct, such as *inversion, sadism, masochism,* etc. The fetich further bears in itself its characteristic mark, and it is not incorrectly, as we shall see in our study of the clinical facts, that Dr. P. Garnier speaks of the *fetich obsession.* In the manifestations of this strange aberration we shall come across more than once, in fact, the characteristics of the *impulsive obsession,* of the periodic syndrome of degenerates, in other words.

As a real stigma of degeneracy, fetichism forms a true *part* of the individual. Like inversion, like sadism and masochism, fetichism is *born* so to speak with the individual; the *singular precocity of its outbreak* is a clear witness to this fact. From the observations of Charcot and Magnan, Krafft-Ebing, Garnier, Motet, etc.,—observations with which we shall soon become acquainted in detail,—we take the following ages at which the anomaly manifested itself: four years, five years, six years, seven years, eight years, eleven years and thirteen years.

Sometimes, however, the fetichism does not appear until much later, and it is to cases of this sort that Krafft-Ebing applies the term *acquired fetichism.* The term *retarded* would be much more correct; a person does not become a fetichist unless he bears in himself the *taint* on which this anomaly can develop. It is the same with *fetichism* as with *inversion:* there is a *congenital* fetichism just as there is a *congenital* inversion, and there exists also a *retarded* fetichism, just as there exists a *retarded* inversion; but *congenital* or *retarded,* the anomaly always has the *same foundation* and the *same innate nature.*

In certain cases the outbreak of fetichism seems to be determined by some *demonstrable external influence;* this was noted by Binet and by Krafft-Ebing, and it is true. At a particular moment in the sexual life, ordinarily at the beginning of that life, the individual experiences from a certain

object, or from a part of the body of a man or woman, etc., a strong voluptuous sensation, and at once this object, this part of the male or female body becomes a *fetich,* and the individual is a devotee from that day to fetich love.

The following example is typical (observation 87 from Krafft-Ebing). Mr. von P——, a Polish gentleman, thirty-two years of age, claims that he comes from a family entirely healthy, but that he has been nervous since his childhood and suffered from *chorea* when eleven years old; he is subject to insomnia and to numerous neurasthenic disorders. His sexual inclinations were not aroused until fifteen years of age. At the age of seventeen years a French female teacher seduced him, but did not allow him to accomplish coitus, so that only a sensual stimulation (mutual masturbation) could take place. In the midst of this scene his glance fell on the very elegant *shoes* of this lady. This sight impressed him profoundly. His relations with this dissolute person continued during four months. During these manipulations the *shoes* of the teacher became a *fetich* for the unfortunate young man. He began to be interested in feminine foot-wear, and wandered about in order to see ladies' pretty shoes. The shoe *fetich* took possession of him to a greater and greater degree and soon dominated his whole sexual life.[3]

It would be easy to cite more than one analogous case, but it must be well understood that this so vivid impression from which the sexual anomaly dates, acts only as a *chance cause;* it does not create the anomaly, it merely puts it in play, it *brings it to the surface.* The fetichism slumbers, latent, in one predisposed to it; it awakes one day through a chance cause; this chance cause would have no effect on a normal individual. To fix one's gaze on the shoes of a woman with whom one is engaged in sexual intercourse is a commonplace affair: it must be merely a case of *really awaiting the opportunity,* in order to become a fetichist under such an influence!

[3] French imaginative literature occasionally refers to various anomalies of the genital instinct. In Octave Mirbeau's Le Journal d'une Femme de Chambre, for example, will be found a description of a man who was a shoe fetichist. The same book mentions pederasts.—A. W. W.

"The awakening of the fetich obsession," Dr. Garnier has well said, "is not at all the result of accident; it is the effect of a *profound alteration* in the *moral* and *effective sensitiveness,* that merely makes use of any and every incident to manifest itself, just as occurs in every psychic phenomenon culminating in obsession. A fact *insignificant* in itself, but which may rise to the importance of a cardinal fact by a *relation of ideas,* takes possession of the entire attention of the emotional degenerate, marks a date in his genital recollections, imposes itself on his whole sexual life and reduces to nothing or almost nothing all sensual impressions that do not spring from itself." It will be recalled that in the *congenital invert* we also found that the aberration, unknown to the subject until that time, was brought into activity thus by some chance cause varying in its nature.

The *sexual life* of the fetichist may be described in very simple terms: the *fetich* is his only stimulus; the *sight,* the *touch,* the *representation* of the fetich alone produce erection in this unfortunate individual. Now put the fetichist in the presence of a woman,—assuming the case of a *heterosexual fetichist,*—and he is impotent, and every attempt at coitus ends in failure, *unless the fetich is present,* or unless he can see it or touch it, or unless by an effort of the imagination he succeeds in picturing his fetich to himself. This situation is well known; it is the analogue of that of the *invert,* who can have sexual relations with a woman only by calling up the idea of a homosexual relation.

We shall speak in a moment of that Polish gentleman, the fetichist of women's shoes, in whom the aberration awoke during a seduction scene at the sight of the elegant shoes of his partner. This unfortunate had the unhappy idea of marrying, yielding besides to the very ill-advised counsel of his physicians; the misadventures that resulted may be imagined.

"The first night of his marriage was terrible for him; he felt like a criminal and did not touch his wife. The next day he saw a prostitute with the particular *chic* that he liked (elegant shoes of French style with shiny black heels like the shoes of the teacher who seduced him). He was weak enough to have relations with her in his accustomed way.

Then he bought a very elegant pair of ladies' shoes, and *concealed them in the marriage bed;* by touching them he was able several days later to fulfill his conjugal duties. The ejaculation was slow in coming for he had to force himself to perform the act of coitus; at the end of several weeks the artifice that he employed no longer had its effect, his imagination having lost its vividness. . . ." And thenceforth this unfortunate man was impotent toward his wife!

He turned to prostitutes, not being able to reveal his genital aberration to his wife and submit her to his fetich requirements. With these prostitutes he satisfied himself by touching their shoes and by putting his penis in contact with those objects. The following case is no less typical and was published by Hammond in his book on *Impotency.* But before describing the sexual life of this unfortunate, a word concerning his *hereditary taints* and the *awakening* of his aberration.

The maternal uncle of the subject and his grandfather on the same side died insane; one of his sisters was epileptic and his parents were very irritable in character. He himself after his eighteenth year had *epileptic attacks.* When seven years old, a female domestic initiated him into practices of masturbation, and from the very first occasion he felt a strange voluptuousness when this girl touched his penis with *her foot with her shoe on it.* This act was sufficient to create in the tainted child an association of ideas, thanks to which thereafter the *mere sight* of feminine foot-wear, and later the *ideal representation* of the object, occasioned an erection and ejaculation. Then he masturbated while looking at women's shoes or while recalling them to his imagination. At school he was intensely excited by the shoes of the female teacher. Generally shoes that were partly concealed by a long dress produced this effect upon him.

One day he could not restrain himself from seizing the teacher by her shoes and this caused him a lively sexual emotion. In spite of the punishment that he received, he repeated this performance several times. Finally they recognized that it had some morbid motive and he was placed under the direction of a male teacher. Then he indulged in delirious recollections of the scene with the

female teacher's shoes; this caused him erections and the orgasm, and after the age of fourteen, ejaculations even. Besides this he masturbated while thinking of a woman's shoe. One day the idea occurred to him of increasing his pleasure by making use of a lady's shoe for masturbation. He often secretly took shoes and used them for that effect. Nothing about a *woman could excite him sexually; the idea of coitus inspired him with horror.* Men likewise did not interest him at all.

This unfortunate individual had the unhappy idea of believing that he would find a remedy for his anomaly in marriage; he married a young and beautiful woman. Despite a lively erection produced by thinking of his wife's shoes, he was completely impotent in his attempts at cohabitation, for the disgust for relations with a woman overcame the influence of the ideal representation of his fetich. The unfortunate man went to Hammond to get cured of his impotence, and the latter wisely advised him to fasten a shoe above the bed and to fix his eyes on it during coitus. The artifice succeeded, and in this way our fetichist became potent with his wife.

An observation by Charcot and Magnan, which we shall have to use again elsewhere, should find a place here. This is observation IV in the celebrated memoir of 1882 by these authors on *Inversion of the Genital Instinct and other Sexual Perversions.* L——, the subject of this observation, offers us in the first place very interesting *hereditary* and *personal* taints. He is a typical *hereditary degenerate;* his ancestors and living relatives are all *eccentric* to a high degree.

His father is very original, very extravagant in manner, very irregular in his habits; he eats at every hour of the day, having as many as five meals, often passes his nights in reading novels and newspapers, is a vivacious talker, cries out during discussions, and often makes himself conspicuous by his peculiarities; thus he wipes his face *with a rabbit's skin.* Several times and at different periods he has had *painful hallucinations* at night, without its being possible to attribute them to alcoholism.

The *sister* of the patient has never had any inclination for

marriage; she refused two very suitable matches; then one day having gone to the theater, she manifested a desire to marry an old and very homely actor whom she had seen play, but whom she knew in no other way. A *brother* rebelled against all discipline and did not carry his studies far; after having vainly tried several occupations he ended by becoming a coachman and married a cook.

As for the subject of the observation himself, Mr. L——, he exhibits distinct stigmata, which are exclusively *psychic!* He is extremely timid; he becomes disturbed and stammers before the clients of the commercial house in which he is at present employed, after having tried a score of occupations. He is incapable of writing before witnesses; as soon as any one looks at him, he can no longer form his letters, and traces illegible characters. Sometimes, but at very rare intervals it is true, he has nocturnal hallucinations; his first dates from the age of ten years. From his childhood he has likewise had temporary attacks of deep sadness, with *suicidal ideas,* more particularly of drowning and of hanging; he has sometimes thought also of *poisoning himself.* He experiences acute fears when he goes to the top of an omnibus, and is seized with dizziness and nausea. He cannot without great apprehension look from the window of a fourth or fifth story. When passing alongside of a tall house he fears that it will fall upon him.

We come now to the description of his fetich love, of the mode and date of the awakening of his aberration, and of his conjugal relations. At the age of *five years* having slept for five months in the same bed with a relative some thirty years old, he experienced for the first time a *strange phenomenon;* it was a *genital stimulation and an erection* when he perceived his bedfellow put on his *nightcap.* About this same time he had an opportunity of seeing an old female servant undress, and as soon as she put her nightcap on her head, he felt greatly excited and an erection occurred immediately.

Later the mere idea of the *head of a wrinkled and ugly old woman,* but covered by a nightcap, caused a genital orgasm. The *sight* of the cap alone produced little effect, but *contact* with a nightcap caused *erection* and sometimes *ejaculation.*

He never sought heterosexual relations, nor homosexual relations, and he never practised masturbation.

It was under these conditions that at the age of thirty-two he married a pretty young lady of twenty-four, for whom he felt a keen affection. The first night of the marriage he remained *impotent* at the side of his young wife. The next day the situation was the same, when in despair he *called to mind the image* of the old wrinkled woman wearing a nightcap; the result was immediate and he could at once fulfill his conjugal duties. During the five years that he has been married *he has had to resort to the same expedient;* he remains impotent up to the moment when he recalls the favorite image.

We see, then, that it is always and everywhere the same procedure; genital stimulation of the fetichist is by the fetich alone, and as a fatal consequence he is impotent toward women, and normal sexual intercourse is impossible in the absence of the *sight,* the *contact,* or the *ideal representation* of the fetich; the woman does not count, she merely reaps the *benefit* of a stimulation in which she plays no rôle.

It can readily be conceived that this artificial coitus is at once painful, fatiguing, affording besides little satisfaction, and uncertain in its results. Also the majority of heterosexual fetichists quickly tire of it and resign themselves to absolute impotence toward women. They rely on pure fetich love; the perverted act suffices them. This *act* varies, moreover, in a very extensive fashion according to the individual.

Some are purely *platonic.* They see their fetich, either in reality or in imagination, or else they touch it; this gives them an erection and there they stop, especially since this erection is often followed, without any manipulation, by an *ejaculation.* For, it should be noted, these fetichists, like inverts and other sexual perverts, are often *genitally hyperesthetic;* genital stimulation occurs with astonishing ease, and reaches its culmination without any outside intervention. Among these fetichists in whom *contact alone* with the fetich is sufficient, there is one category with which we are already familiar; they are the *rubbers* with whom Dr. Magnan has made us ac-

quainted and whom we have described in a summary way in a preceding chapter.

Other fetichists satisfy themselves differently; they complete the stimulation that the sight, contact or ideal representation of their fetich procures them, by *masturbating.* This practice is much commoner than platonic love, and most fetichists are inveterate masturbators. We ought to mention also the *erotic dreams* of the fetichist; they always relate to his fetich. The normal man dreams of women; the invert dreams of homosexual love; the fetichist dreams of his fetich.

Finally we must emphasize once more, for it should be kept in mind, the typical characteristic of *obsession,* of *impulsion,* that the sexual fetich act often assumes. For it is on this side that the fetichist belongs to legal medicine, impelled as he finds himself to commit various criminal acts whose nature and mechanism we shall in a moment develop. Now that we are acquainted with the etiology and general symptomatology of fetichism we must next examine the various *fetiches.*

The number, variety and often peculiarity of the objects of fetich love are truly surprising, and every day reveals to us new fetiches. In order to bring a little light into the study and enumeration of fetiches, I will adopt at first Dr. Garnier's division. We know that among fetiches some are essentially *feminine,* others essentially *masculine;* the former are some part of the female body, or some object related to *women,* and love for them constitutes *heterosexual fetichism;* the latter are some part of the male body or some object related to *men,* and love for them constitutes *homosexual fetichism.*

First then let us take the fetiches in heterosexual fetichism, beginning with cases where the fetich is some *part of the female body.* The *female hand* is a very common fetich. Fetichism of the *foot, i.e.,* the *naked* foot, is rare. On the contrary, we shall see that this is far from being the case when the foot wears a shoe. Fetichism of the *mouth* has served as the text for a novel by Belot; I know of no medical observation at all.[4]

[4] The reader may recall that, in the latter part of his discussion of the Etiology of Uranism in Chapter XV, Dr. Thoinot refers to a patient of Krafft-Ebing's who had fetichism of the mouth.—A. W. W.

Fetichism of female *hair* is common, and forms an interesting medicolegal chapter. Fetichists of this group, in fact, do not hesitate when under the influence of their *fetich impulsive obsession* to cut off the female tresses that excite them, in the street, so as to keep the precious fetich near them and use it at their leisure. This offense takes them to court and it is there that legal medicine finds these unfortunate *cutters of tresses* whose irresponsibility it must establish.

The fetichists of female *buttocks* are the *rubbers,* of whom we have already spoken; they again are clients of the experts. Further, *any part of the female body* is or may become a *fetich.* Next we come to a more generalized category of heterosexual fetichism. Here the fetich is not a special part of the body; it is an *ensemble,* some *particular feminine characteristic.* Such is that fetichism of *ample forms,* of which Krafft-Ebing has cited this curious case.

An individual of greatly tainted ancestry had for a fetich, during his bachelorhood, women with ample forms. He marred a woman corresponding in appearance to his taste; he was perfectly potent with her and very happy. Some months later, his wife fell seriously ill and became considerably emaciated. When he undertook to begin his conjugal life again, he was astonished to find that he was absolutely impotent and continued so as far as his wife was concerned, while relations with stout women were easy and normal.

Such again is that fetichism of *female deformities* of which Krafft-Ebing has reported such a fine example. The subject of the observation was an individual with hereditary taints and himself marked by distinct stigmata. From the age of seventeen years he was excited only at the sight of female deformities, particularly of women who limped and who had deformed legs.

The patient did not know what were the first associations that had attracted his genital instinct to these defects of female beauty. Since puberty he has been under the influence of this fetichism, which he finds very painful. Normal women have no charm for him; only women who limp interest him, with club feet or defective feet. When

a woman is affected with such a defect, she exercises a powerful sensual charm over him, whether she is beautiful or ugly. In his erotic dreams he sees only women who limp. From time to time he cannot resist the *impulse* to imitate a woman who limps. In this state he is seized by a violent orgasm and an ejaculation occurs accompanied by the most lively voluptuous sensation.

Let us now pass to the cases where the fetich is an *object belonging to a woman,* some *general object of the toilet.* We shall find here a much greater variety: all objects of the feminine toilet may in reality become the object of fetich love. In the already numerous observations that medical literature possesses, we find the following objects raised to the rank of fetich: *chemise, cap, handkerchief,* female *foot-wear, aprons,* female *undergarments,* goods for female garments, etc.

Sometimes the fetichism is directed toward a broader ensemble; it is not such and such a part of the female costume that receives the homage of the fetichist, but the entire *costume,* or rather a special *costume.* A few examples will show these various fetich cults in action; we shall be brief, however, since in the medicolegal part of this chapter we shall come upon new cases both numerous and typical.

The following is an example of *cap* fetichism cited by Dr. Garnier *(Les Fétichistes,* p. 37, and *la Folie à Paris).* We should note here two special features: the coexistence of *kleptomania,* an occasional syndrome of degeneracy, and the addition, during the course of the life of the subject, of fetichism for female undervests to the pre-existing cap fetichism:—

Dr. X——, a *kleptomaniac* degenerate, "had experienced from the age of *six years* a voluptuous sensation produced by the *sight, contact* or *odor* of a chambermaid's cap. From that moment he sought under every possible pretext to get into the room of this girl. There he put on a linen cap, and the *dirtier it was,* the more soiled by use and impregnated with an odor *sui generis,* the stronger was his sexual stimulation and the more promptly occurred the voluptuous spasm. Later the sight of *female undervests* hung up in the wash rooms plunged him into the same *sensual intoxication.*"

Krafft-Ebing declares that the fetichists of *female foot-*

wear are so to speak *innumerable*. We cited a typical case above, that of the Polish gentleman who experienced such a sad conjugal misfortune. There is a celebrated observation by Charcot and Magnan with which we shall soon become acquainted in which the fetichism for female foot-wear was *specialized* in a truly curious fashion; the fetich was not the shoe itself, but *the nails in the sole of a woman's shoe!*

Let these examples suffice; it should be known, however, following Krafft-Ebing's remark, that shoe fetichism is rarely *pure*, and that ordinarily a very marked element of *masochism* is mingled with it. This important aspect will be apparent by comparing the following case, a mixed case, with the two cases of *pure fetichism* cited above,—that of the Polish nobleman from Krafft-Ebing, and that of the lover of nails in the soles of shoes. This association of fetichism and masochism will also be better understood when you become acquainted with the principal features of the latter perversion to which we shall later devote some space.

X——, a merchant, has *periodically*, especially in bad weather, the following desires: he accosts a prostitute, the first one he meets, and begs her to come with him to a shoe dealer's, where he purchases her a fine pair of patent leather shoes, on the condition that she put them on at once. This done, the woman must walk the streets, as far as possible in the dirtiest places and the gutters, so as to soil the shoes well. Then X—— takes the person to a hotel and as soon as he is shut in with her, he *takes possession of her feet* and *rubs his lips on them*, an act that gives him extraordinary pleasure. After *having cleaned the shoes in this way*, he makes the woman a present and departs (Pascal, cited by Krafft-Ebing and Garnier).

Handkerchief fetichists are numerous, and are well known today in legal medicine, for their aberration in many cases makes them *passionate thieves*. We shall come to them again in a moment, but we will give a typical example here, which we take from Moll. "The passion for handkerchiefs may be so violent," we read in this author, "that a man may find himself literally in subjection to this small object. Here is what was told me by a lady: 'I know a certain gentleman,' she said

to me; 'when I see him at a distance, I have merely to draw the corner of my handkerchief from my pocket in order to make him follow me like a dog. It matters not where I go, he will not leave me. Whether this gentleman is in a carriage, or is occupied with very serious, very important business, as soon as he sees my handkerchief, he leaves everything to follow me, or rather to follow my handkerchief.'" Fetichists of *women's aprons* are not lacking, and they too are largely *passionate thieves* and clients of the expert; we shall also meet them again in a few moments.

We come next to the fetichists of *female underwear.* Dr. Paul Garnier cites a very fine example (*la Lolie à Paris* and *les Fétichistes,* p. 54). The subject, engrossed in literary work, which he pursued with a sort of passion, had always been indifferent to women, had never thought of marrying and had reached the age of thirty-six without ever having once performed coitus. What excited him was the refined elegance of female underwear. "He was once seduced by the manners of a courtezan. He followed her, charmed by the richness of her costume, which made him infer the *fineness of her undergarments,* his desire being concentrated on *undervests of lawn* trimmed with lace, *satin corsets, silk skirts* with delicate embroideries, silk stockings, etc., in short on everything fine, elegant, dainty; it was the *envelope of the woman* that pleased him, not the woman herself. He sometimes went to the shops where articles of feminine toilet were sold. He experienced real voluptuousness in touching them. In this way he made several purchases; he collected these objects in his room, looked at them with pleasure, all the time telling himself that they were compromising and would make people think of pederastic tastes, which he denied emphatically, etc. . . ."

Fetichism of *goods* used in female apparel includes some curious cases; Krafft-Ebing has reported one as follows: "A physician communicated the following case to me: One of the frequenters of a bawdy house was known by the name of *Velvet.* He was accustomed to dress in velvet one of the prostitutes of the house who pleased him, and to satisfy his inclination merely by caressing her face with a corner of the velvet

dress, without there being any other contact between himself and the woman." Dr. Garnier in his turn has met with several interesting cases of goods fetichism; we shall come to them farther on.

Cases of *costume fetichism* are rather rare; I have found two distinct and interesting cases. The first was communicated to Dr. Garnier by Dr. Motet: a young man belonging to a good family never experienced genital stimulation except at the sight of a woman *in wedding costume*. The garment alone aroused his sensuality, the woman who wore it left him totally indifferent. To satisfy his fetich passion he passed a part of his days at the edge of the Bois de Boulogne, at the entrance to the restaurants that wedding parties frequented.

The second case is from Dr. Garnier *(les Fétichistes,* p. 59). Laurent P——, thirty-three years old, was the son of a *mother who had attacks of melancholia* and who committed suicide by gas; he had numerous stigmata of degeneracy and was known in his neighborhood by the nickname of the *lover of nursemaids and children's maids*. He strolled ceaselessly about the squares, brushing against the nursemaids, in a state of ecstasy. In order to get rid of his attentions, these women ended by agreeing amongst themselves to ridicule him and so induce him to leave the locality. Laurent P——, irritated by this hostility, undertook to repay it and a disorderly scene resulted that took him to a special infirmary. There matters were explained. The costume of a nursemaid and a children's maid had always seduced him. It was not any particular part of the costume that charmed him, it was the *whole*. While indifferent to normal sexual relations, in his own room he *called up the image* of the fetich costume, and this mental representation caused the genital orgasm. "I have never," declared Laurent P——, "lain with a woman, not even with a nursemaid or a children's maid; *what I love is the costume!*"

We now know, at least summarily, the greater part of the *heterosexual fetiches,* but *inverted love* has its *fetiches* also. Their study, however, will not detain us long, for homosexual fetichism is rare, and besides it is only a copy of heterosexual fetichism, just as inverted love is only a copy, a caricature of normal love. The fetiches of homosexual love are either

objects connected with men, objects of the male toilet ordinarily, or parts of the male body.

Among the fetich objects we may take the handkerchief, blouse and shoes. The cult of the fetich, the keen desire to possess it, or the insurmountable genital stimulation that springs up at the sight of it, lead inverted fetichists, like heterosexual fetichists, to commit various offenses against decency, which we shall study together below. The following is a good case of inverted fetichism of the handkerchief; we take it from Moll's work:—

A vigorous workman, forty years old, a neurasthenic and completely indifferent to women, felt a very lively stimulation at the sight of handsome men. He had never practised pederasty or mutual masturbation; he was addicted to solitary masturbation. But his greatest pleasure consisted in stealing the linen, the handkerchief of a handsome man, of wrapping it about his penis and so masturbating. When he had no handkerchief to use he masturbated by *calling up the idea* of a handkerchief or of some other article of male linen. He often practised coitus with public girls, but almost always without experiencing great satisfaction or enjoyment. Under these conditions he could *only have an ejaculation* by thinking of a man's handkerchief; he could practise coitus more easily when he took a friend's handkerchief with him and *held it in his hand all the time that the sexual act lasted.* The *erotic dreams* of the patient did not concern coitus or the female genital organs, but articles of male linen, and then caused ejaculation. It seems unnecessary to say more concerning homosexual fetichism for objects; we shall come again to some interesting cases of it below.

As to fetich love for parts of the male body, examples are very rare indeed. The following is a very good unpublished case, which I owe to the kindness of Dr. Magnan, and which my friend Dr. Antheaume has been kind enough to draw up for me under his direction: X——, twenty years old, has always been absolutely cold toward women, but on the other hand seeks sexual relations with men, provided always the object of his inverted affections has a large,

thick moustache; *this condition is absolutely necessary for an erection.*

A curious mischance occurred one day on this account. He met one evening in the Champs-Elysées an individual whose moustache corresponded to his ideal. He seduced him and took him to his room. But there, what was his despair when his partner took the moustache off, it was only a false one! X—— was unable to get an erection until the other individual resumed the false moustache; the inverted relation could then take place.

Our clinical study of fetichism is now finished, at least along its broad lines; we have only a few features to add. You have doubtless been struck in reading the description of the various cases that we have cited in support of our description, with the *precision* and the *complexity* that exist at one and the same time in the fetich cult under a great number of circumstances,—with its very particular specialization, in other words. Let us explain. Take for example a cap fetichist, the subject of Charcot and Magnan's observation; his fetich is a cap, but a *cap worn by an old wrinkled woman,* and not any female cap. Take another fetichist of women's caps, the patient observed by Dr. Garnier; it is a *chambermaid's cap* that excites him, and the *dirtier* the cap, the more soiled by use and impregnated with an *odor sui generis,* the greater was his sexual excitement.

Recall the Polish gentleman of whom Krafft-Ebing cited the interesting and typical history; he was a shoe fetichist, but his fetich was a special shoe, an *elegant shoe of French shape with a black, shiny heel.*

A *handkerchief* fetichist cited by Garnier, whose fetichism brought him before the courts, experienced no excitement from *new* handkerchiefs. They only produced an effect on him after they had been carried by girls; "and often in order to put new handkerchiefs in contact with women, he placed them on the pathway where such persons must pass, so that they would have to step on them. When he came into possession of a handkerchief that had undergone this rapid contact, he had an erection and by passing this handkerchief over his genital organs, he obtained an ejaculation."

The following is still more singular: the fetichism of *wet skirts.* The subject of this observation, reported by Krafft-Ebing, was greatly excited sexually after the age of thirteen years at the sight of wet garments, while the same garments when dry excited him in no way. His greatest pleasure was to look through a pouring rain at women whose skirts were soaked; he had an erection at the sight.

This precision and this complexity at one and the same time, this very particular specialization of the fetich cult, are easily explained. Let us take, if you will, some of these very precise cases of fetichism and analyze them summarily.

Charcot and Magnan's patient, the fetichist of the old wrinkled woman's cap, slept at the age of *five years* in the same bed with a relative of about thirty, and at this very precocious period in his life experienced a genital excitement and an erection, when he saw his bedfellow put on his night-cap. Then at about the same time he saw an old female servant undress, and as soon as she put her nightcap on her head he became excited and had an erection, and henceforth he is a fetichist of an old wrinkled woman's cap.

The fetichist of the elegant shoe, etc., of Krafft-Ebing, perceived at one of the first scenes in his sexual life the shoes of the young woman who seduced him; she was a French woman, and her shoes were elegant in shape with black, shiny heels. They made a lively impression on him, and henceforth he becomes a fetichist of the elegant French shoe with a black, shiny heel, and of that shoe alone.

These typical examples, which it would be easy to multiply, give the key to the phenomenon: in the *degenerate,* an object may, by the strong impression that it produces some day on the mind of the subject, become a fetich. But this object at the moment when it acts is provided with various attributes, and it is with *all these attributes* that it makes its impression and constitutes itself a fetich: thus we see that fetichism *is born* and is *specialized* at the same moment.

The *fetich* is generally single and the fetichist adores only one divinity. Nevertheless a certain number of cases show us that *multiplicity* in fetichism is possible in a subject. A fetichist observed by Garnier maintained, it will be recalled,

fetichism for a chambermaid's cap and for female undervests. A fetichist whose history we have already given, the fetichist of *lame women* and club feet, was besides a fetichist of *female garments.* A fetichist of whom I owe the unpublished observation to Dr. Magnan, and whose history I shall give below, was at one and the same time a fetichist of women's aprons, of women's dresses, and finally of spots soiling women's garments.

Up to this point we have presented fetichism as sexualized. we have shown beside this fetichism an *inverted* fetichism, of the female body and of objects essentially feminine; and we have shown beside this fetichism, an *inverted* fetichism, directed to parts of the male body and to objects essentially masculine. Fetichism thus understood is easily explained psychologically; it is merely the pathological transformation of a natural phenomenon, for beside *pathological fetichism* there exists a *physiological fetichism.*

In the man who is most natural from the genital point of view, the parts of the female body produce a sexual stimulation. One degree farther on we have lovers of the female hand,[5] etc.

The *lover of the hand,* the *physiological fetichist* of the hand, if you will, has a special regard for that part of the female body. In reality he does not love all female hands, but hands of a certain type. If he touches, or sees or pictures to himself the ideal hand, he experiences a genital stimulation. But while he prefers sexual relations with women in whom he finds his ideal, he is *potent* with all women, and so remains normal in the expression of his sexual life; this is the reverse of the pathological fetichist (the true fetichist) who is *impotent* with all women when his fetich is absent.

Every normal man likes to see his wife or his mistress *dressed* in a certain way, and finds, as we have said, an aid to genital stimulation in a certain style of toilet; but it is only an aid, while for the fetichist of toilets, the costume or some detached part of the costume is the *only* genital excitant. Be-

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[5] *Cf.* on this whole psychological question the article by Binet, *loc. cit.*

tween the normal man charmed by a costume, and the true costume *fetichist,* transitions will easily be found; you will find them in those individuals who are excited only by the costumed woman and not by the *nude* woman, and also among those who are genitally potent only in the presence of women dressed in some very special way.

The following is a typical case taken from Roubaud, and cited by Krafft-Ebing and Hammond: X——, a general's son, was brought up in the country. When fourteen years of age he was initiated by a young lady into the mysteries of love. This lady was a blonde, who wore her hair in curls; in order not to be discovered, she was in the habit of keeping on her garments, her gaiters, her corsets and her silk dress when she had a private conversation with her young lover.

After having finished his studies, X—— was sent to a garrison; he wanted to profit by his liberty, but found that his sexual inclination could be excited only under certain definite conditions. Thus a brunette produced no effect on him, and a woman in a night dress could extinguish completely all his enthusiasm in love. A woman to awaken his desires must be a *blonde, wearing gaiters, corsets* and a *silk dress,* in a word dressed exactly like the lady who had first awakened his genital instinct. He has always resisted all attempts made to induce him to marry, knowing that he could not perform his conjugal duties with a woman in a night dress. This is no longer a normal state, nor is it yet the pathological state of true fetichism, for the latter takes no account of the woman.

These cases of fetichism that are *more or less* physiological, cases of *originality* in love, if you will, are most often explained,—and in this respect they have one more relation with pathological fetichism,—by a strong impression received by the subject at some moment in his genital life. The case of Roubaud's officer is typical in this respect. Descartes always had a taste for women with a squint, because his first mistress was affected with strabismus. A patient cited by Lydstone had had a mistress, a woman who had undergone an amputation of the thigh; he ceaselessly sought for women similarly mutilated.

In a normal subject, an impression produced by a part of the body of a woman, by an object of the feminine toilet, by a

costume or even by a defect in female structure, gives the individual a *more or less pronounced* special affection for that part, object, costume, or defect; *but the woman remains the supreme object of love.* In the degenerate the same impression *absorbs the whole genital entity,* and turns it to its own profit.

This conception of *sexualized fetichism* is ingenious and doubtless corresponds to a great number of cases, to the majority even, if you admit further that what takes place in normal love can take place in inverted love. But nevertheless it is very necessary that you should know that it ought to be enlarged under penalty of not being able to include the ensemble of the cases of fetichism known at the present time; it certainly seems that every object, whether it has a *sexual significance* or *not,* every assemblage of objects even, arranged in a special way, may become a fetich. The nature of a fetich is as it were entirely dependent on the accident of *some* vivid chance impression or *other,* produced on the mind of the degenerate, and monopolizing to its own profit the direction of the entire genital life. I believe that this conception, which is broader than that of sexualized fetichism, is the true conception of this singular perversion. The following facts support this:—

Krafft-Ebing regarded materials (furs, silk, velvet) as being able in certain cases to constitute non-sexualized fetiches, and he also gives convincing cases. In an observation that we shall give below, it would certainly require a singular willingness to establish a point if one were to accept as a case of sexualized fetichism the voluptuous impression that the subject experienced at the sight of a *spot* on women's dresses.

I know a case of a subject who could only get an erection by having a funeral scene enacted at a bawdy house. He had the room hung in black, candles lighted, prayers said; without this artificial representation of funeral pomp, he remained absolutely impotent. Is not this a case of perfectly characterized fetichism, but under a very broad definition?

I have an almost analogous case from Dr. Brouardel, in

which an unfortunate subject could not meet a funeral or be present at a death mass without experiencing terrible erections, which drove him to despair; and he was obliged, at the death of his father, to abstain from being present at the ceremony, which he did not wish to profane! This again is fetichism in the true sense of the word, it seems to me. We are now far from sexualized fetichism, but the future will, I believe, admit the correctness of this broader conception of the anomaly.

It is time to come to an aspect of the study of fetichism that has a very special interest for us, the *medicolegal aspect.* Fetichists have very often come into collision with justice, and to the expert belongs the demonstration of the abnormal state and the irresponsibility of these unfortunates.

Thefts and *public offenses against decency:* these are the two crimes that bring fetichists before the courts. The fetichists who steal are the fetichists of aprons, handkerchiefs, etc., in a word the fetichists of male or female toilet articles.

The criminal act always takes place under the same circumstances. At the sight of the object of his desires, the unfortunate aberrant becomes the prey of an *obsession,* of an *irresistible impulse;* he stretches out this hand and steals the fetich object, which goes to join at his lodgings the *collection of similar objects* previously stolen or purchased. Taken and condemned a first time, he will fatally relapse until, surprised by the strangeness and the absurdity of his acts, the magistrate will turn him over to the expert. These *false pickpockets,* with a real *passion for stealing,* are, however, well known to the courts today.

Among the numerous observations that have been collected, we will select those that for one reason or another,—number of relapses, clearness of the impulsive obsession, etc.,—are best fitted to impress your minds.

Auguste C—— presents a double morbid heredity and physical and psychic stigmata of degeneracy: his intellectual plane is not high. At *fifteen years of age* he perceived floating in the sunlight an apron that was drying, dazzling in its whiteness; he drew near, took possession of it, tied the strings about his waist, and withdrew behind a hedge to masturbate in con-

tact with the apron. From that day, aprons *attracted* him; *he cannot restrain himself from taking them,* using them to practise masturbation, and then putting them back in the place from which he took them, or else throwing them aside and leaving them in a corner of his room. When he sees a man or a woman with a white apron, he follows, *taking no account of sex,*—the *apron alone being the whole attraction.* Note in passing this detail: *the fetichism here is clearly non-sexual.* Note also that the subject *dreams* at night of white aprons.

His parents, in despair at his continual thefts of aprons, had him placed in the navy at seventeen years of age. At twenty-one he was arrested for the first time for stealing aprons; taken before the court, he related his obsessions and his impulses, but he was not heeded and found himself sentenced to eight days' imprisonment. Some years later, while at Cherbourg on twenty-four hours' leave, he stole an apron that was drying in the sun; caught in the act, he was condemned again.

At twenty-six, while at Rochefort on the gun-boat *la Comète,* he obtained twenty-four hours' shore leave. He was sauntering along the streets, when passing before a pastry shop he perceived in a cabinet a pile of white aprons, very clean and neatly folded. The shop was watched so he dared not enter; he watched from the street, his eyes on the aprons. Finally night came after several hours, and the shop was closed. When the lights were extinguished and all noise had ceased, *he climbed a wall,* got down into a court, got into the shop and put his hand on the aprons. But just as he was leaving he overturned a piece of furniture; the noise attracted attention, he was arrested, and the court martial, *refusing him a medicolegal investigation,* which his counsel asked for, condemned him to a year's imprisonment.

At the expiration of his sentence in order to escape his terrible obsession, he took a position on a transatlantic boat, and then entered la Trappe. He came out after three years, only to begin his apron thefts again, and in 1880 was arrested at Bercy while scaling a wall so as to get into a house. A search made at his lodgings led to the discovery of a *collection of white aprons spotted with sperm.* This time he was sent to

Saint-Anne's, and he returned there again after his discharge, affected with *depression and melancholia.*

This observation by Charcot and Magnan is typical: the obsession weighing down with all its irresistibility, with all its *fatality* on this unfortunate fetichist whom it impels to ceaselessly repeated thefts, comes out in all its clearness. That long watch in front of the shop where the aprons were, is it not strangely suggestive? Does it not recall closely the position of a lover awaiting indefatigably the coming of his mistress? Finally this poor degenerate ended in an asylum and that should not surprise us!

Dr. Garnier has related the history of another fetichist, *who repeatedly stole aprons.* "Yielding to an irresistible impulse, he became on several occasions an apron thief. . . . To fasten one about his waist afforded him supreme happiness. At that moment he had the most intense voluptuous sensation with complete venereal orgasm and ejaculated into the apron without being obliged to aid himself by manipulations of masturbation, so strong was the sensation. . . . His entire existence was dominated by the tyrrany of the obsession, which made him break into and enter a pastry shop at night to steal some white aprons."

His arrest, which brought him before the expert, occurred under the following circumstances: One evening "he perceived on du Maine Avenue, in front of a novelty merchant's shop, a mannikin clothed in a long white wrapper. The sight of it *threw him into commotion.* In the semi-darkness he could not distinguish well the nature of this white garment, and thought he saw the apron of his dreams. He felt an *irresistible impulse,* rushed forward, frantically seized the mannikin, clasping it in his arms and ran off with his conquest." He was arrested and got the benefit of having the case dismissed as a result of the expert's conclusions; as a result of the affair he fell into a fit of melancholia that lasted several months.

Now we come to *handkerchief thieves.* One of the most curious cases that I know, is that cited by Krafft-Ebing; he was arrested several times and was several times examined by experts, and in the official search of his lodgings they dis-

covered 446 ladies' handkerchiefs! And the accused admitted that he had burnt two packages of these objects!

The observation below is unpublished: I am indebted for it to the kindness of Dr. Magnan and my friend Dr. R. Leroy, a pupil of Dr. Magnan's and a physician at the asylum of Navarre (Evreux), who has been good enough to write it up for me. The fetich obsession is marked here very expressly. First of all the synthetic summary is as follows: hereditary mental degeneracy; fetich handkerchief obsession impelling the patient to theft; condemned six times for stealing handkerchiefs; total impotence in the absence of his fetich.

Louis P—— is a day-laborer, twenty-nine years old, and the son of a chronic alcoholic who had a stroke of hemiplegia as the sequel of two attacks: his uncle is an idiot incapable of earning his own living. He has two sisters enjoying good health and who have never presented anything in particular from the mental point of view.

He is an intelligent man of medium height, well built and exhibiting no physical stigmata of degeneracy, but so emotional that he weeps at the slightest cause. P—— is of a mild disposition but he is easily excited and loses his temper under the influence of slight opposition. When a child, the patient had bad habits; he masturbated alone or with a small comrade of his own age. When *about ten years of age*, he saw a comrade indulge in masturbation in ladies' handkerchiefs that he had stolen. The latter handed some handkerchiefs over to him to masturbate in, and from that sprang his inclination.

This practice lasted for two years; then the young comrade having left the country, Louis P—— began at twelve years of age the same practices. The sight of a lady's white handkerchief called up the imperious idea of getting possession of it. This temptation was so strong that the patient said in so many words: "I had nothing else in my head, and felt that I must, cost what it would, attain my object."

P——'s mother perceived her son's habits and did everything possible to turn him from them. She took away the handkerchiefs that she found in his pockets and she fastened his hands during the night. It is probable that she got tired

of these thefts, for the patient's sister has told us of having heard her mother say: "My child, if you want ladies' handkerchiefs, I'll buy you a dozen or two dozen, but I beg you, don't steal them." These requests had no effect. Louis P—— could not see a white handkerchief in a woman's possession without doing everything in his power to steal it and then masturbate. All women, however, did not awaken the same desire in him; the woman had to be young and pretty, or at least agreeable to him.

At fifteen years of age Louis P—— was arrested by a police officer just as he was drawing a handkerchief from the pocket of a young girl, and was sentenced to fifteen days' imprisonment for theft. At twenty he was condemned a second time, to six months' imprisonment for a similar act.

The patient left for his military service with the 1st African batallion and showed himself a good soldier, well disciplined and incurred no punishments. He remained a year with the regiment without anything abnormal appearing, for, stationed at the out-posts, he never saw women. Before he left Paris for Africa he had been taken by his comrades to a bawdy house, but he was unable to have sexual relations; he found himself impotent.

On returning from the regiment, Louis P—— took up his habits of stealing white handkerchiefs again, and, arrested a third time, had eight months in jail. In 1889, at twenty-five years of age he was condemned a fourth time to nine months' imprisonment; in 1892, at twenty-seven, he was arrested a fifth time. The investigating magistrate, surprised at seeing this man reappear so often before the courts for so special a theft, had him submitted to a medico-legal examination. Dr. Garnier declared him irresponsible, and he was set at liberty. Up to that time Louis P—— had submitted to his condemnations without saying anything, preferring to pass for a thief, as he was ashamed of his passion.

The patient has had few sexual relations as women do not attract him. He knew two women, however, before his marriage, but says very clearly that when he was with one of them, *he had to hold a white handkerchief in his hand,* as otherwise

erection was impossible. The number of white handkerchiefs stolen by P—— was about a *hundred*. He used them to masturbate in his room and then threw them into the sewer or into the street. Each handkerchief served him only once.

Louis P—— married in the month of April, 1894; he was good and affectionate toward his wife, but the latter has formally declared that during their relations her husband took her handkerchief in his hands, an act that did not fail to cause her much surprise.

The handkerchief thefts committed by the patient have taken place as the result of circumstances that he relates clearly. In a general way, work drives away his unhealthy ideas. It is during the times when he is unemployed and tired at seeing himself without work, that the irresistible impulses occur.

By questioning Louis P—— it is possible to determine exactly how the obsession arises. The patient, discouraged at seeing himself without employment, feels sad, melancholy and anxious about the future. Little by little the feeling of genital excitement gets possession of him, he is ill at ease and feels inclined to masturbate. Progressively the idea of the handkerchief imposes itself upon him, becoming more and more imperious and more and more tenacious. P—— tries to get rid of it, but the obsession returns ceaselessly, invading the whole field of his consciousness and putting other preoccupations in the background. The patient becomes more and more restless and recognizes that he is no longer the master of his will. If during this state of mind a lady's handkerchief meets his sight, the struggle becomes a paroxysm: the agonized patient experiences a suffocating sensation and palpitation; he trembles, he is covered with sweat, and then, admitting that he is incapable of resisting, being no longer anything but the slave of his obsession, which has become an impulsion, he seizes the handkerchief so as to find relief and put an end to a combat in which he knew in advance that he was conquered.

In September, 1894, Louis P—— left, through lack of work, the shop where he was employed. This troubled him greatly; he was preoccupied, asking himself whether he

should find another place and whether he was not likely to fall into want. He became gloomy, melancholy; his wife was struck by the change in his character. The 17th of September, while in this state of mind, the patient was passing along the Faubourg Saint-Denis, when he saw before him a woman whose white handkerchief projected slightly from her pocket. At the sight P—— stopped; a cold sweat ran down his back, his heart jumped in his chest; he felt impelled to steal the handkerchief, which fascinated his eyes. Should he expose himself to a new imprisonment? Should he yield to such an idea? He suffered so much that he could not resist long, and after a short struggle, he ran after the woman and was about to put his hand in her pocket when two officers who had noticed his actions stopped him and took him to the station house.

It was in consequence of this act that Louis P—— entered Saint-Anne's on September 20, 1894, in the service of Dr. Magnan. During the time of his sojourn at the asylum, he exhibited no new obsessions and eagerly desired his cure in order to set himself up again, he said, by work and good conduct. He told his story in detail, describing his sensations very exactly and analyzing them very well.

Dr. Rayneau published in 1895 in the *Annales médico-psychologiques* a curious case of a fetichist, a handkerchief thief and exhibitionist, some of whose features will doubtless be of interest.

A—— began to masturbate toward the age of twelve; since then he has never stopped. At that time he experienced a singular phenomenon; this was a special genital excitement followed by an erection when he perceived a handkerchief; he could also never see them out to dry without immediately wishing to steal them; he was then a choir boy and used to resort to the belfry of the church to masturbate with the stolen handkerchiefs, which he had concealed there.

"All handkerchiefs did not appeal to him equally; he preferred those with squares or stripes of white and black or violet. He could give no reason for this preference; but he always stopped at these same colors, absolutely disdaining

others. At fifteen years of age he began to have relations with women; he succeeded in performing coitus, but this normal act had little attraction for him. He sought particularly to steal the handkerchiefs of the women with whom he went, so as to masturbate with them afterward. At twenty he became a soldier and kept up the same habits.

"He relates that several times he found himself impotent at the moment of sexual intercourse and that by merely thinking of a handkerchief he was able to regain his power. After marriage his habits did not change at all. His wife tells us that very often he was impotent, and that although he had very violent desires he was unable to succeed in accomplishing coitus. But if he covered his penis with a handkerchief, erection occurred at once and he could perform his conjugal duties with the aid of this odd covering.

"A—— admits that sexual relations have always had very few attractions for him; that he seeks especially the sight of nude females; that it often happens that he puts a handkerchief between the legs of his wife or of his mistresses and that afterward he masturbates in them.

"His wife continually reproaches him with the *theft* of handkerchiefs that he commits to satisfy his odd habits, *but he always begins again.* He always has two or three with him; he has one in which his penis is wrapped up and others in his pockets. One of these handkerchiefs with black and white squares is his favorite; he uses it exclusively for this purpose and conceals it carefully from his wife; he washes it himself when it is too much spotted with sperm, while the others he willingly turns over for this purpose to his wife. At the present time, when he sees a handkerchief drying on a hedge, an erection immediately occurs and he has no peace unless he can steal it and masturbate in it."

After the handkerchief and apron thieves we come to a closely related group, the snippers of dresses, cloaks, furs, etc. They are *goods fetichists,* who being unable to get possession of a whole piece of cloth, a cloak or fur garment, in order to satisfy their morbid obsession cut pieces out of these objects and collect them in their lodgings. The following case reported by Dr. Garnier is very instructive:—

"The subject, a workman in a bakery, with a *decidedly tainted ancestry,* was arrested in the despatch room of the *Figaro,* where armed with scissors and appearing as unconcerned as possible, he was cutting from the cloaks of ladies close to whom he forced his way, squares of cloth, velvet or fur, according to the nature of the garment. He was found provided with a large number of these *cut pieces,* and the search of his lodgings brought to light others.

"Ever since the age of nine years the subject has had a special pleasure in *cotton and downy* materials. On seeing them and especially on *touching* them, he has always experienced great genital excitement with erection and sometimes ejaculation. For some time he has been collecting cut pieces of female garments, with a marked preference for furs, whose contact transports him, provided, however, they have been worn by a woman.

"He also likes to feel satin; he has several times cut ribbons of this material to add to his collection. On returning to his room *he lays on his skin* the stolen cut pieces and so produces genital *excitement,* which ends in practices of masturbation" (Garnier, *loc. cit.).*

Krafft-Ebing has related the history of a Berlin workman of twenty-five years, who was taken in the act, in 1891, when he was cutting a piece from the dress of a lady; he was brought before the court and condemned to six months' imprisonment. The prisoner defended himself in a *strange way.* An irresistible impulse forced him, he said, to approach women who wore silk dresses. He found contact with silk material so delicious, that even while in jail he was greatly *moved* when, in carding cotton, a silk thread fell by chance into his hands.

I really do not know why Krafft-Ebing wishes to see in the act of these snippers of silk, cloaks, etc., an element of sadism toward the woman who wears the material, of impersonal sadism directed away from the object itself! There is apparently in this practice only an *impulsive theft* performed in a certain way. To steal an entire dress worn by a woman, or a fur garment, or a cloak, is not easy: the *fetichist gets around the difficulty,* nothing more, it seems to me.

The following is a fine unpublished case, medicolegally

and psychologically, of a multiple fetichist, who *cut, soiled* and *burnt* ladies' dresses; I am indebted for it to the kindness of Dr. Magnan: Pierre B——, twenty-nine years old, a commercial employee, married, entered Dr. Magnan's service at the Saint-Anne asylum the 11th of August, 1896. The patient is son and grandson of unbalanced alcoholics. From an early age he has been gloomy, restless, emotional, often obsessed by the most useless preoccupations; at school he displayed a mediocre intelligence and an odd character.

At the age of sixteen years masturbation was frequent; he made use of various refinements in masturbation; thus, for example, during several months *he increased his erection by electrifying his penis with a little electrical machine.* Masturbation practised in this way furnished him, it seems, very lively enjoyment.

At eighteen years he tried intercourse with women, but in vain,—they left him indifferent; he could not obtain an ejaculation by any methods except masturbation. He was sulky and very irritable with some phenomena of nervous exhaustion and became addicted to *drink,* taking absinthe especially. At twenty-one he had his military service and found great amelioration. Pierre B—— fell in love with a young girl and sought to marry her; but he was refused, and this was the point of departure for new excesses in drinking and for a series of pathological affections, which he defined very well as follows:—

"One Sunday," he says, "I went toward a barrack where there was a crowd and finding myself beside a young nursemaid, I felt a desire to get possession of her apron, a white one similar *to those worn by the girl I loved;* I unfastened her apron without her noticing it, carried it off, masturbated in it and then burnt it, masturbating again.

"Then I went back to the crowd where I saw a person with a white dress: I experienced a desire to soil it in some way or other. I went to a grocer's, bought a small bottle of ink, returned to the person, sprinkled the liquid over her and found that I had an erection, *especially when looking at the spots that I had made.* On returning to the barrack I masturbated and experienced a very keen pleasure at seeing again *in my*

mind's eye that white apron and the dress that I had soiled." Three months later the subject came to Paris where he was not slow in giving anew varied signs of his sexual perversion.

"One day," he says, "I was at the Hôtel-de-Ville bazaar, when my attention was caught by a group of women. The idea occurred to me of cutting their dresses by means of a penknife that I had in my pocket, so as to get an erection; I was discovered by two officers, who arrested me as a pickpocket, *although I had cut a dress on the opposite side from the pocket.* Another time I was arrested for having poured oil on a white dress and sentenced to three months in jail. Some days after I regained my liberty, I was sentenced again to six months' imprisonment for having spotted with ink a young lady wearing a light-colored costume. I made no defense, for I was ashamed of what had happened."

Pierre B—— often has an erection when "tempted by women's garments," but the erection is still stronger when his attention is attracted by spots that may happen to be on them. "It has happened," he says, *"that I have followed persons who had spots on their garments, spots of whose origin I was ignorant, and concentrating my mind on these spots has produced a very strong erection, sometimes even loss of sperm."* The patient has to undergo, according to his own expression, "a terrible struggle with himself," in order not to spoil women's garments whenever this idea (accompanied by a slight erection) gets possession of him.

This unfortunate ended by being arrested again, just as *he was burning the dress of a young lady with a cigar.* He admitted that he had already burnt several in this way in order to secure erections, and ejaculation sometimes occurred in such cases when he thought he had caused a somewhat intense burn. He got the benefit of having his case dismissed on Dr. Garnier's report.

The *snippers of tresses* constitute a group of *fetichist criminals* well known today. They are fetichists of women's hair and they procure the object of their cult by an illicit act for which the court calls them to account. Like the stealers of handkerchiefs and aprons, like the cutters of dresses, etc., so the cutters of hair *collect* their fetiches and *relapse incorrigibly.*

Drs. Motet, Magnan and P. Garnier for France, and Krafft-Ebing for other countries, have reported excellent cases.

P—— sprung from a tainted stock, himself tainted, affected with tics, obsessions and various phobias, was caught in the act, August 28, 1889, in Trocadéro Square, just as he was cutting the hair of a young girl in the crowd.

Once before on the 15th of December, 1886, P—— had been arrested under analogous circumstances, but he had been released for lack of sufficient proof. This time P—— confessed and at his lodgings they found sixty-five masses of hair and braids assorted and put in packages.

P—— for three years has been a hair fetichist: when he holds in his hands the hair of a young girl he feels a violent genital orgasm that with no other maneuver results in ejaculation. One evening he could not resist the desire to cut the hair of a girl. On reaching home with the hair in his hand, the voluptuous effect was produced, and from that day P—— was a snipper of tresses; as soon as he touched the hair with his scissors he had an erection, and the moment he cut, an ejaculation. (Motet, *Annales d'hygiène et de médecine légale,* 1890.)

The following case from Dr. Magnan and reported by him to the Society of Legal Medicine in 1890 is no less typical: Eugène M—— was twenty-five at the time he was arrested on the boulevards, one day in mid-lent; he had already cut the hair of three little girls and was taken in the act just as he was cutting that of a fourth. Eugène M—— had a rather tainted ancestry.

At fifteen in his native town he experienced a voluptuous sensation for the first time at the sight of a woman's hair. He had entered the house of a neighbor, thirty-three years old, just as she was combing her hair; the flowing hair of this woman produced such an effect on him that he had an erection. Up to that time he had never paid any attention to this woman or to any other. Two months later he came to Paris, and found himself *obscssed* by the sight of the hair hanging down the backs of little girls; the moment he saw it he experienced genital excitement and an erection.

One day, when he was seventeen, he was passing through the garden of the Tuileries and saw some young girls

with floating hair, who stopped in front of a Punch and Judy show. He came behind one of them and took hold of the end of her mass of hair; he rubbed it between his fingers and this contact produced a voluptuous orgasm. So as not to be noticed, he said, he stood so close as to touch the child's dress, and it was in this position that two officers stationed behind him arrested him; he was sentenced to three months in jail for a public offense against decency.

Then he passed five years in the army. There fetich temptations are necessarily rare; it is noteworthy, however, that *in his dreams* he saw at times the floating hair of women, and at times masses of hair with a head but without the body of a woman. When discharged, he returned to Paris and his obsessions began again. "Not only was women's hair the object of *his dreams,* but even *when awake,* at night or even during the day, while at his work, he could not keep from his thoughts the image of floating hair, or women's heads with braids or floating hair."

The fetich produced a greater and greater genital stimulation; he masturbated, and then the idea came to him not only of touching women's hair but also *getting possession of it so as to touch it* while masturbating. He put his project into execution, and we know with what success!

After the *stealing fetichists* let us examine the fetichists who commit *public offenses against decency:* the group is much less rich in examples than that of the thieves. Two interesting examples will suffice to give a good idea of the circumstances of fetich offenses against decency.

The first is taken again from the memoir of Charcot and Magnan, that admirable mine of cases as typical as they are well observed, which contains in some admirably compiled pages the whole history of the perversions of the genital instinct: this is the celebrated case of the *fetichist of the nails in women's shoes.* The subject has a very distinct neuropathic ancestry; let us add that he presents personal stigmata consisting of hysterical affections, hypochondriac ideas and hallucinations.

Toward the age of six or seven years he was already impelled by an irresistible instinct to look at the feet of women to see whether there were *nails in their shoes;* when

there were any, the sight of these nails produced an indefinable happiness in his whole being. As he grew older the aberration augmented, and soon contact with the nails in women's shoes immediately produced an erection in the subject and ejaculation without any manipulation, etc.

One fine day this individual was fascinated by the nails in the sole of a lady's shoe in a shoemaker's; he stopped and under the influence of an irresistible impulse, masturbated in the open street; he was arrested and underwent an examination by Dr. Blanche, who got the case dismissed.

The second case is from Dr. P. Garnier; it deals with an *inverted fetichist of patent leather shoes.* Louis X——, the subject of this observation, belongs to a family rich in vesanic manifestations. At thirteen years of age he became addicted to masturbation, but could only obtain the voluptuous spasm by the contemplation of *patent leather shoes,* a contemplation toward which, as a child, he was intensely impelled.

As a young man he had no taste for women and during his voluntary military service of one year, when, induced by his companions, he tried coitus, it left him cold; he returned to masturbation. At twenty-two there awoke in him a vague desire for passive pederasty with a young man, who should be well dressed and especially *wear patent leather shoes.*

On the public promenades he looked at the shining boots of the horsemen; he experienced the liveliest sexual satisfaction in gazing at the patent leather boots displayed in shoemaker's shops, etc. . . . He purchased a pair of patent leather boots, took a jealous care of them, became excited at sight of them, masturbated with them before him, etc. . . .

Always preoccupied with his ideas of passive pederasty, he thought one day in the Bois de Vincennes, that he had found his ideal in a young bicyclist: "interpreting wrongly the attractiveness of this unknown, he imagined that he made advances to him. He had burning desires, his heart beat forcibly, his emotion was intense. He saw the young man cast his eyes on his patent leather boots; there was no longer any doubt . . .; in a paroxysm of excitement, he exhibited his genital organs. . . ." And the only result of his act was his arrest!

CHAPTER XVIII.

SADISM AND MASOCHISM.

Sadism.—Definition.—Historical sadists: Gilles de Rays, etc.—Sadism exists only in the male sex, or at least is well known only in that sex.—Sadistic acts range from sadistic crimes, with their refinements of torture, to inoffensive, puerile acts that are merely symbolical: assassin rapists, men who stick sharp instruments into girls, flagellators, defilers of women; symbolical sadism.—The idealist sadists.

Sadism develops on a foundation of mental degeneracy. It is most frequently congenital and manifests itself early.—Retarded sadism.—The erotic dreams of sadists.—Nature of the impulsive obsession of sadism.—Relations of the sadistic act to sexual gratification: it is always necessary and sometimes sufficient for this gratification.

Sadism in the courts.

Sadistic acts on animals.

Masochism.—Definition, conception and brief description of this perversion.

THE perversion of the genital instinct that is known today by the name of sadism consists in finding suffering in a human being a condition always necessary and at times sufficient for sexual enjoyment; this suffering is of a very variable degree,—at times slight, at times severe or of a degree of atrocious refinement,—and the subject either *causes* it to be inflicted, or *sees* it inflicted, or finally *inflicts* it himself on some human being. To commit a *sadistic act,* then, is to make another suffer in order to find sexual enjoyment in that suffering; and the pervert affected with sadism bears the name of sadist.

The Marquis de Sade, of unhappy memory, was in his writings the prototype of this monstrous anomaly, hence the names, sadism, sadistic act, etc. You will find in modern authors as a synonym for sadism, the expression *sanguinary perversion,* and in these authors the sadist bears the name of *sanguinary.* I do not like these appellations, which properly designate only the extreme limits of the perversion that we are studying: all sadists do not shed blood nor do they like to see it shed,—this must be admitted.

Sadism has existed at all times, as, for that matter, have all the perversions of the genital instinct; nothing is new in this matter. Tiberius, Nero and other Cæsars were averred sadists, just as they were also finished types of other genital perversions (inversion, etc.). In the middle ages, the lord Gilles de Rays was convicted and executed for innumerable sadistic crimes committed on children.

"I do not know why," he said in his trial, "but I, myself, out of my own head without the advice of anyone, conceived the idea of acting thus, solely for the pleasure and delectation of lust; in fact I found *incomparable pleasure* in it, doubtless at the instigation of the devil. This diabolical idea came to me eight years ago; that was the very year in which my relative, the lord of Suze died. Now being by chance in the library of his castle, I found a latin book on the lives and customs of the Roman Cæsars by a learned historian named Suetonius; the said book was ornamented with pictures, very well painted, in which were seen the manners of these pagan emperors, and I read in this fine history how Tiberius, Caracalla and other Cæsars sported with children and *took singular pleasure in martyring them.* Upon which I desired to imitate the said Cæsars, and the same evening I began to do so following the pictures in the book. . . . For a time I confided my case to no one; but later I told the mystery to several persons, among others to Henriet and to Pontou, whom I trained for this sport. The said individuals aided in the mystery and took charge of finding children for my needs. The children killed at Chantocé were thrown into a vat at the foot of a tower, from which I had them taken out on a certain night and put in a box to be transferred to Mâchecoul and burned, which was done. As for those killed at Mâchecoul and at Nantes, in the Suze mansion, they were burned in my room except a few handsome heads that I kept as relics. Now, I cannot say exactly how many were thus burned and killed, but they were certainly to the number of *six score* per year. . . ."[1]

Charles, count of Evreux, king of Navarre, Charles the Bad, was burned alive in 1387 for his numerous sadistic

[1] Morel, La Folie Héréditaire, *Gaz. hebdom.*, 1861.

crimes. He used to make one of his pages and a young girl brought up in the neighborhood enter into sexual relations in his presence; at the moment of their sexual paroxysm he would stab them both, and then assuage his passion super-excited by this atrocious scene, on a courtezan, who too often came dead out of his arms.

Brantôme has preserved for us the memory of other sadists of his time; they were much less fierce, simple flagellators, whose species is not yet extinct, as we shall see. To-day sadism continues to be widespread under its various forms. Sadistic crimes constitute a very interesting chapter in legal medicine always in order, and of which you cannot be ignorant without exposing yourself to unfortunate mistakes.

Sadism like fetichism and also exhibitionism belongs almost exclusively to *men*. Known cases of sadism in women are very rare, at least. I have found only three in Krafft-Ebing, one rather old (1836) belongs to Blumröder, and another to Moll. Krafft-Ebing adds, however, with reason: "We meet with examples in history of women, some of them illustrious, whose desire to reign, whose cruelty and lust lead us to infer sadistic perversion. Catherine de Medici must be included in the category of these Messaline women." Brantôme has shown us Catherine de Medici as a *flagellator*, that is to say, an averred sadist.[2] If we knew better how to trace the perversions of the genital instinct, which are so difficult to diagnose in women, except nymphomania and sometimes inversion, it is very probable that the rarity of sadism in women would be much less striking.

Sadistic acts are singularly varied: the gamut extends from *monstrous, frightful crimes* to *truly puerile acts*, the *mere symbol of cruelty*, and there is a very rich series of transitions between these two extremes. Let us begin with the most serious, that is to say, *sadistic crimes*.

In sadistic crimes we find various elements whose *total or*

[2] Sadism is coming into contemporary imaginative literature. As a striking example in French, see Octave Mirbeau's Le Jardin des Supplices. In English, William Lee Howard, M.D., in his story, The Perverts, has vividly portrayed a female flagellator.—A. W. W.

partial combination is eminently characteristic: ***assassination after repeated tortures, rape, mutilation of the cadaver, and repetitions of the act.*** The *tortures* inflicted by the sadist on his victim are often unbelievable. He beats her alive and he sometimes continues to beat her after death; he slashes her with a knife; he tears her with his nails and teeth; in short, he falls upon her with the veritable fury of a wild beast.

Mutilations of the cadaver may also be numerous and varied: we shall see that certain sadists go to the point of dismembering the body. But there is one mutilation that dominates all; it is the sadistic mark, and that is the ***mutilation of the genital organs.*** The tearing away of the vulva, accompanied or not by the tearing out of the internal genital organs, arouses properly the idea of a sadistic crime. The mutilation of the cadaver is sometimes accompanied even by a practice that can scarcely be believed: the sadist *eats the flesh of his victim* and *drinks the blood.* These monstrous practices are not imaginary, as we shall see.

One of the most frightful characteristics of the sadistic crime is its *repetition:* the sadist moved by an irresistible impulse that dominates him, accumulates crime upon crime until the moment when he falls into the hands of justice. And it is thus that we get those lugubrious histories,—like that of Gilles de Rays with which we are already familiar, and those of Jack the Ripper, and of the Shepherd Killer, etc., with which we shall soon become acquainted; these mysterious crimes, always accomplished under the *same circumstances,* bearing the ***undeniable mark of the same hand,*** desolate a country and terrorize it for months and years.

The gamut of sadistic crimes is varied. There are some that surpass everything that the imagination can invent: they are those that combine the elements that we have studied, assassination after multiple tortures, rape, mutilation of the cadaver, anthropophagy! When to this lugubrious series is further added the characteristic of *repetition,* the horror is at its height.

Sadistic cruelty is not always carried to such extremes, and while it most often leaves its mark in the form of rape, tortures, mutilations, etc., inflicted on the victim before and after death, murder is sometimes the *only element* of the sadistic

act. The criminal has neither tortured, nor raped, nor mutilated his victim; and the sadistic crime would resemble strangely an ordinary crime, were it not for its motives and the morbid personality of the criminal.

We shall study farther on the psychology of the sadistic crime and the *wherefore* of those differences that make it at times an act so easily recognizable, so specific, and at other times a crime of common aspect. We will now give some typical examples of sadistic crime and demonstrate sadistic cruelty by cases. We shall not call attention to the *relation of the act to sexual sensation,* reserving the development of that question until later; but all the cases that we shall present are, you may be sure, indisputably sadistic in principle.

The victims of sadistic cruelty are ordinarily *individuals of the female sex,* but often also *individuals of the male sex, children* in particular. The reason for the frequent indifference of the sadist in his choice of the sex of his victims will be given elsewhere. First of all some examples of monstrous crimes, and it is precisely for their horror that I have chosen them.

Feuerbach has reported the case of an individual named Bichel, who raped several girls, killed them and cut their bodies up. Concerning the assassination of one of his victims, he expressed himself as follows when questioned:—

"I opened the chest and cut the fleshy parts of the body with a knife. Then I prepared the body of this person as a butcher is accustomed to do with the beast that he has just killed. I cut the body in two with an axe so as to bury it in the hole that I had made in advance in the mountain especially for the cadaver. I may say that while opening the chest *I was so excited that I trembled and that I should have liked to cut off a piece of the flesh and eaten it.* (From Krafft-Ebing.)

Bichel nearly included anthropophagy among his sadistic crimes; the two monsters whose cases follow actually did so. We shall find, further, in these cases examples of those mutilations of the genital organs of the cadaver of the victim that we have said are so characteristic of sadism.

The first case is taken by Krafft-Ebing from Maschka, and we summarize it: Tirsch, an odd individual, vindictive

and brutal, had been condemned before to twenty years' imprisonment for *rape* of a girl of ten years. In 1864 he enticed a woman into a wood, threw her down and strangled her in an attack of fury; he tore away the breasts and the sexual organs of the cadaver, took them home with him, cooked them and ate them. When he was arrested they found the remains of that horrible repast still there.

The second case has a strange *family resemblance* to the first, as we shall see. Léger, a vine dresser and an individual of odd character, attacked a child of twelve years, *raped* her, *killed* her, *mutilated* the genital organs of the cadaver, tore out the heart, ate it, drank the blood and buried the cadaver. When arrested he confessed, was condemned and executed. At the autopsy, Esquirol found pathological meningeal adhesions.

We now come to the series of *repeated sadistic crimes.* They belong to the criminal annals of all countries, and we find grouped together here the Italian, Verzeni,—the Englishman, Jack the Ripper,—the Spaniard, Gruyo,—and the Frenchman, Vacher, the shepherd killer.

Verzeni may well be called the prototype of the criminal sadist; he committed crimes repeatedly and there is nothing lacking in them of the most frightful horrors. Not content with assassination, he mutilated his victims, and even practised anthropophagy, for he sucked and drank the blood from cadavers. Verzeni's crimes have further two important special characteristics, which we shall have occasion to develop elsewhere: their atrocity varies singularly, and side by side with the most horrible, complex crimes, he committed also simple attempts at assassination, and left his victim alive.

Further, Verzeni never touched his victims sexually; he never raped a single one. Verzeni's case is due to Lombroso, and we give here only the part that bears on the account of his crimes.

Vincent Verzeni, born in 1849, was arrested on the 11th of January, 1872, and accused as follows: 1st, of having tried to strangle his cousin, Marianne, when, four years before, she was ill in bed; 2nd, of having committed the same crime on the person of the wife of Arsuffi, twenty-

seven years old; 3rd, of having tried to strangle Mrs. Gala by pressing her throat while he knelt on her body; 4th, he was further suspected of having committed the following assassinations:—

In the month of December, between 7 and 8 o'clock in the morning, Jeanne Motta went to a neighboring parish. As she did not return, the master with whom she served went in search of her and found in a path near the village, the body of the girl, *horribly mutilated.* The viscera and the *genital organs* were torn from the body and were found near the cadaver. The fact that the body was nude, and erosions on the thighs, led to the supposition that there had been a criminal assault; the mouth was filled with earth, showing that the girl had been strangled. Near the body, under a pile of straw, was found a detached portion of the calf of the right leg and some clothing. The author of the crime was not discovered.

The 28th of August, 1871, early in the morning, Mrs. Frigeni, twenty-eight years old, went to the fields. As she had not yet returned at eight o'clock, her husband started in search of her. He found her dead in a field, having signs of strangulation about her neck and numerous wounds; the entrails came out through the open abdomen.

The 29th of August, at noon, as Maria Previtali, aged nineteen, was crossing the fields, her cousin, Verzeni, pursued her, dragged her into a wheat field, threw her to the ground, and squeezed her neck. When he released her for a moment to make sure that there was no one in the neighborhood, the girl got up and succeeded by earnest supplications in inducing Verzeni to let her go, after he had tightly squeezed her hands. Verzeni after his arrest confessed all the crimes with which he was charged and gave the motives for them.

The civilized world echoed for some years with the noise of the crimes of Jack the Ripper, that mysterious and uncapturable assassin, whose crimes long desolated a quarter of London, the Whitechapel district. The numerous victims of this monster all underwent the same *sadistic mutilations* of the genital organs: the uterus, the ovaries and the vulva had disappeared from the cadaver.

Still another great criminal sadist is that Gruyo, whose history Lombroso has reported. Gruyo strangled six women in ten years. The victims were almost all rather old public women. After having strangled them he tore out the vagina, the intestines and the kidneys. He raped some of his victims before assassinating them; on others he committed no sexual act. He operated with so much precaution that for ten years he escaped justice.

The central portion of France was desolated for several years by the crimes of an individual whom popular language quickly baptized with the name, *shepherd killer.* This individual, named Vacher, long escaped capture, but he was finally taken. His crimes were numerous: from 1888 to 1897, eighteen are already known and the list has not been entirely completed. He fell upon children whom he met on his way, preferably boys and girls in charge of flocks, assassinated them, raped them and mutilated them in various ways. The case of Vacher, which is still neither entirely known nor entirely analyzed at the present time, will doubtless be one of the most complete in criminal sadism.

A final example will show the *savage tortures* that sadists inflict on their victims. Two individuals enticed a child of three years to the Plaine-Saint-Denis, behind the house of the parents. There one of them committed *sodomistic rape* on the poor child, tearing the anus and rectum. Then after having *bitten* his sexual organs in a fit of brutal lust, they both crushed his head with blows *from stones and from their feet,* and left him dead in the field, mutilated and unrecognizable even by his father. (Tardieu, observation xxxv.)

But all sadists are not criminals who shed blood in order to find sexual satisfaction; the majority are content with much less and the suffering that they inflict on human beings to secure voluptuous pleasure is infinitely less serious. Besides the *great sadists* there are *little sadists,* whom we can, according to the act in which they indulge, classify in a certain number of groups, which are well known today in mental medicine.

1. First we come to those designated expressly under the name of *prickers or cutters of girls.* These sadists make a wound of a variable degree of seriousness, but in most cases

very slight, on a human being, of the female sex in the majority of cases, and from the suffering that they cause their victim, and the *sight of the blood* that comes from the wound, they find genital excitement and satisfaction.

These still belong to the *sanguinary* type, but the type, it must be admitted, is much obscured. The *prickers of girls* are numerous, and Krafft-Ebing has met more than one in Germany; they exist in France also, and in other countries. Each of these prickers of girls has his favorite mode of operation, and the trauma that he inflicts is almost *always on the same part of the body.* Thus we have *prickers of fingers, prickers of buttocks, prickers of legs,* etc., varieties that could easily be multiplied and subdivided.

The following is an example of a *finger pricker:* J. H——, twenty-five years of age, an averred neurasthenic and hypochondriac, one day saw a chambermaid of his mother's accidentally break a glass and wound her hand deeply. As he was helping her to stop the blood, he could not restrain himself from sucking it, and this put him in a state of violent erotic excitement resulting in the *complete orgasm* and in *ejaculation.* From that moment he sought by every possible means to procure himself the sight of fresh blood in persons of the female sex and as far as possible to taste it. He preferred the blood of young girls; he did not hesitate at any sacrifice or at any expenditure of money to secure this pleasure. At first the chambermaid put herself at his disposal, and according to the desire of the young man, *let her finger be pricked* with a needle and even with a lancet. But when his mother learned of it, she discharged the girl, and J. H—— was obliged to seek prostitutes and to pay them so as to get them to *let their fingers be pricked.* (Krafft-Ebing.)

The *buttock prickers* form a variety of the prickers of girls, and are numerous. I owe the following interesting observation, which is unpublished, to the kindness of Dr. Magnan. During the course of June, 1896, a certain number of young girls were wounded in the streets in full daylight by an individual who, after having pricked them in the region of the buttocks, fled in haste. These singular attacks, always identical, aroused the public; the press talked about the *erotomaniac,* as dangerous as

he was undiscoverable. Finally on the 2d of July, a young man, Joseph V——, was arrested in Blanche Street, at the moment when he had just struck the buttocks of a young girl of twenty, and the following is the medical history of this *buttock pricker.*

Joseph V——, twenty years of age, is the son of neuropathic parents and the bearer of physical stigmata of degeneracy. He feels himself impelled at times to strike or prick the buttocks of women who pass by him in the street; he sometimes conquers himself at the cost of extreme discomfort and moves away with his "body covered with a cold sweat." But sometimes also he follows the woman, with his eyes fixed on her buttocks, his penknife open in his hand, and at the thought that he is about to plunge its blade into female flesh, he has an erection. In agony, breathless, beside himself, he then strikes. Immediately it seems to him as though some one "had taken an enormous load off his chest," and ejaculation occurs.

This obsession appeared in the patient for the first time at *fifteen years* of age. From that moment, women's buttocks became the point of departure for his genital appetites; in his dreams he saw naked women crouching as though they were urinating; it seemed to him that he was about to touch their buttocks; a pollution would occur and he would awake. To the idea of women's buttocks was very soon added the idea of striking, pinching and pricking these buttocks, and his lascivious dreams invariably reproduced the series of acts that V—— was soon to realize in a waking state.

The following sadist, whose history was reported by Krauss (see Krafft-Ebing), pricked girls in the genital organs and in the neighborhood of those parts: He was a soldier, aged thirty, who, in 1829, was arrested at Bozen because on various occasions he had, with a large or small knife, wounded girls in their posteriors, but by preference in the region of the genital organs. At the moment of pricking he experienced the satisfaction of a complete coitus, and this satisfaction was augmented by the sight of the dripping blood on his knife.

Finally we come to the case of an *arm* pricker. Toward

1860 the population of Leipsic was terrorized by a man who was in the habit of attacking young girls in the street with a dagger and wounding them in the arm. They succeeded in arresting him and found out that he was a sadist, who at the moment when he wounded the girls, had an ejaculation, and to whom the act of inflicting this wound was equivalent to coitus. (Krafft-Ebing from Wharton.)

Other varieties of prickers of girls are also found among the numerous cases of sadism, both ancient and modern. Brierre de Boismont has reported the curious history of a captain who forced his mistress to put *leeches* on her genital organs before coitus, an act that he performed very frequntly.

Finally, the Marquis de Sade was himself a *pricker of girls.* He obtained his most voluptuous sensations in wounding naked prostitutes and then dressing their wounds. I will end my citations on these unfortunate perverts with the two following cases, both unpublished, I believe, which I owe to the courtesy of the advocate general, Mr. Bonnet. The first concerns a *cutter of ears,* who further exhibited the peculiarity of choosing only little boys for his victims; he was a *pricker of boys:*—

X—— was arrested in 1895 under the following conditions: he enticed a young boy to the Bois de Vincennes, under some pretext or other, incited him to mutual immodest acts, and in the midst of the scene, cut the lobes of both his ears; he applied something to his victim's wounds, took him to Vincennes and left him. The parents made a complaint; a search was instituted, traces of X—— were found, and despite his clever denials he was recognized and sentenced to five years' imprisonment, a sentence confirmed by the court of appeals.

The inquiry showed that these were not the first sadistic attempts of X——. For five years, in fact, he had incurred several sentences from various French courts for similar acts.

He was fifty years old, very intelligent, but *original, bizarre, unsettled* (no exact medical examination was made either of the subject or of this ancestry), and wherever his wandering profession took him he sought for little boys from

ten to fifteen years old,—never girls,—and seduced them, terminating the immodest scene by a sadistic act, which was always the same and very characteristic. This act at first had been wounding the lobules of the ear (by pricking or piercing); for some time past it had been cutting these parts with an instrument *ad hoc*.

The second case is that of a pricker of girls, like those with whom we are already acquainted. This one is distinguished, however, by the place that he chose for wounding his victim; he pricked them in the breasts.

Several years ago, X—— was the object of legal proceedings from which he escaped by flight. The court had received a complaint from a girl who said that she had been tortured by X——, and the inquiry brought out the following facts: X—— was a married man, the father of a family, and occupied a very high commercial position in Paris; he used to go to a bawdy house and there get two girls. He made them undress and he did likewise; then arming himself with a scourge, he *whipped* them. Afterward, taking some pins, he stuck them into the breasts of these unfortunates until the blood came. This act caused him to have an erection, and enabled him to have coitus with one or the other of his victims. X—— was condemned by default.

To complete the study of these prickers of girls, these individuals to whom the sight of the blood that they cause to flow, gives sexual enjoyment, we ought to call attention to a very interesting phenomenon. Some of these unfortunates, who are entirely conscious of their anomaly and thoroughly enlightened as to the exciting power that a bleeding wound exercises over them, cannot allow themselves to commit on another an act that they judge blameworthy: so they commit it *on themselves*. They do not make the blood of others flow, but their own; this was the case with one of Krafft-Ebing's patients. A case cited by Garnier (*Les Fétichistes*, p. 76) is still more curious: here the patient took himself for a victim *for lack of an opportunity* that was suitable for the execution of an act of sadistic cruelty.

"Eugène L——, a day-laborer, was found seated on a bench where the police had noticed with astonishment that with scis-

sors he *was cutting a large piece of skin from his left arm.* They took him to the station and he was sent to the special infirmary.

"This individual, who was the bearer of hereditary stigmata, had had ever since *twelve or thirteen years of age* an impulsion that became later more and more obsessive and imperious. The sight of a *pretty* young girl, with a *white* skin, *fine and delicate,* caused him genital excitement and an ardent desire to *bite and eat a portion of that young person's skin.*

"He had purchased a pair of strong scissors with the object of acting more quickly if necessary, so as to cut off rapidly a large piece of *virgin skin,* which he would then eat with delight. He never found an opportunity for accomplishing the object of his obsession, and to calm his desire when it became too strong, *he turned his rage against himself,* and with a snip of the scissors cut off a piece of his skin from the place where it was most delicate and resembled most the skin he desired, and then he ate this bleeding flesh."

2. The *flagellators* occupy a degree still lower than that of the *prickers* in the scale of sadism. The word expresses the act; these are individuals who find in the flagellation of human beings the necessary genital stimulus. The subject flagellated is most often a woman, as might be imagined when coitus is the goal of the stimulation produced by the flagellation. But *platonic* flagellators, that is to say, those to whom the flagellation itself affords the entire sexual gratification, can just as well, and in fact do flagellate individuals of the male sex, preferably children. There is no doubt that some teachers in former times,—and even today in foreign lands,—teachers who were great whippers of the children confided to their care, were sadistic flagellators. Beside the flagellators may be placed the sadists whose favorite torture is to *pinch* women.

3. There are some cases on record of sadism that consists in *soiling women* in a filthy fashion; there is no need to say more on this subject.

4. Finally, at the bottom of the scale of sadism are found those cases where the cruelty is *symbolical,* but not real; according to Krafft-Ebing we see types of *symbolic sadism* in the snipper of tresses,—is this really sadism and not fetichism?

—and in men who lather the faces of women with soap, etc. They have more theoretical than practical interest, and in any case they have no medicolegal interest.

Such is the schematic series of sadistic *acts,* but all sadists *do not act.* We are not speaking of such as Tiberius, Nero, Gilles de Rays, etc., who *cause* human beings to be tortured in their presence in various ways; that is really active sadism. We speak of those to whom the *chance* sight of the suffering, more or less severe, of a human being causes sexual excitement; they will never commit a sadistic act themselves; they will never deliberately inflict on another that suffering, the sight of which has acted on their senses. There are many of these individuals who are excited genitally at the sight of flowing blood, at the sight of flagellation, at the sight of a whipping given to a child, and who themselves will never cause blood to flow and will never become flagellators.

Another variety of sadists who do not act, who *never have acted* and who *never will act,* a very numerous variety, too, is that of the *ideal sadists.* All their acts of sadistic cruelty take place in their imagination. Each of them has his own ideal sadistic scene, which he evokes and which procures him sexual excitement. One in imagination pricks girls, or causes their blood to flow; another is a flagellator, etc. In *active sadists,* to be sure, the imagination also plays a great rôle in the genital life, as we shall see; but we must bear in mind that there are sadistic individuals who are such *exclusively in thought and not in act.*

We are now acquainted with sadists in their *acts;* to complete the picture we must describe the other elements of sadism, symptomatic and etiological. On what basis does this strange perversion of the genital instinct develop? It may be guessed; sadists are *degenerates,* and in the immense majority of cases, *hereditary degenerates.* In short, they are what other sexual perverts are.

Take, for example, Verzeni, that sadistic monster whose history we have related according to Lombroso. Verzeni was a *hereditary* degenerate. Two of his uncles were *cretins,* a third was a beardless microcephalic, one of whose testicles was lacking, while the other was atrophied. His father exhibited

signs of *pellagrous degeneracy,* a cousin was a *kleptomaniac,* etc. Verzeni at the time of his arrest was twenty-two years old. His cranium was of average size, but *asymmetrical;* the right frontal bone was lower and narrower than the left; the right frontal eminence was only slightly developed; the right ear was smaller than the left (by one millimeter in length and by three in breadth); the inferior portion of the helix was lacking in both ears. There was an enormous development of the zygomatic bone and of the lower jaw, etc. The series of physical stigmata is complete enough.

Among the psychic stigmata, besides that frightful sadism, which is itself nothing but a psychic stigma of degeneracy, we find a peculiar character, gloomy and taciturn. In prison, Verzeni exhibited astonishing cynicism, etc.

Krafft-Ebing cites an interesting case of an *ideal sadist* who leaves nothing to be asked for in the matter of hereditary degeneracy. This unfortunate was the offspring of a father who died of general paralysis, and of a mother both hysterical and neurasthenic; he is a weak individual physically, a neurasthenic and has numerous *anatomical* stigmata of *degeneracy.* As a child even he had hypochondriac tendencies and *obsessions;* he passed in turn from depression to exaltation, etc.

His *sadistic imagination* awoke early (we shall speak of it in a moment) and pictured to him women bathed in blood; it depicted for him such scenes as would take place if the enemy invaded a village, and raped, tortured and carried off the virgins, and these mental images of sadistic scenes gave him an erection and ejaculation with or without the assistance of masturbation. He never committed a real sadistic act in his life.

We shall come again in a moment to another sadist of *fifteen years,* whose history has been reported by Gyurkovechky, offspring of a family of high rank, whose *mother* was *hysterical;* his maternal *uncle* and *grandfather* died in an asylum; two of his brothers died at an early age of convulsions, and the young sadist himself has attacks of epilepsy.

It would be easy to multiply examples; it is merely necessary to examine the typical cases of sadism published up to the present to bring into full evidence the degeneracy of the

subjects. When we say that sadism develops on a basis of hereditary degeneracy, we say that, like the other stigmata of degeneracy, like the other sexual perversions with which you are already acquainted (inversion, fetichism), the sadistic inclination is a *congenital* phenomenon, *innate in the subject,* and for that reason ought to come into evidence with remarkable *precocity,* and that is what really happens.

Take for example that young L. P—— of whom we spoke a moment ago. His family discovered one day to their great astonishment that this child was giving money to one of his poor companions, B——, fourteen years old, to induce him to let him *pinch* his arms, thighs and buttocks. When B—— began to cry, P—— continued to strike B—— with his right hand and masturbated himself with his left. Young P—— confessed that the ill treatment that he inflicted on his friend,—of whom he was otherwise very fond, —caused him special pleasure. The ejaculation that he obtained by masturbation practised during these sadistic scenes gave him infinitely more pleasure than that of solitary masturbation. Cases of this sort abound, and are still more remarkable on account of their precocity.

The *ideal* sadist of whom we spoke a moment ago, who all his life had been a sadist only in thought, when *ten years of age* experienced a strange, voluptuous feeling at seeing blood flow from his fingers: he used to prick himself and even cut himself to produce the voluptuous sensation whose source he knew so well.

A *flagellator,* whose history Moll communicated to Krafft-Ebing, experienced the first manifestations of his sexual perversion at *seven years of age.* He masturbated while picturing to himself that he was beating a woman with a stick on her naked buttocks until she had wales. Still another *flagellator* at *eight years of age* was a witness at school of the punishments that the master applied to his comrades; this sight caused him a voluptuous sensation, and from that time he masturbated while calling to mind the recollection of the boys whom he had seen whipped.

We see, then, that the awakening of sadism is often precocious. But sometimes the sadist reveals from the begin-

ning what he will be later, and his abnormal instinct manifests *its true direction* at once: sanguinary sadists are aroused and reveal themselves when very young at the sight of blood flowing in their presence; flagellator sadists are aroused and reveal themselves at the sight of corporal punishment that they witness, etc. At times, however, though the sadist reveals his instincts in the most precocious way, he does not at first find his true direction. Verzeni, the strangler of women, experienced at the age of twelve years a strange pleasure in killing hens and for the voluptuous sensation committed veritable massacres in the poultry yard. This was real sadism, for sadism on animals, to which we shall devote a few words below, is of the same sort as sadism that takes human beings for victims; but this was not, as we see, the variety of sadism that was later to render Verzeni unhappily celebrated.

To the precocious outbreak of sadism we may oppose the *late outbreak.* A certain subject may date his abnormal inclination from some scene at which he has been present by chance, or from reading something, after he has attained a certain age; this was the case as we have seen with Gilles de Rays. But we should not conclude that an outbreak of sadism can occur as a *commonplace* phenomenon in a normal subject at the sight of blood shed in his presence, etc. He only who possesses the foundation on which sadism develops becomes a sadist, and in place of congenital sadism we have merely *retarded* sadism, and not *acquired* sadism in the true sense of the word. These cases of retarded sadism are, however, rare, as is true of cases of retarded inversion and retarded fetichism.

The *innateness* of sadism finds another excellent argument in cases of *hereditary sadism, either direct or collateral.* Moll's flagellator sadist, to whom we alluded a moment ago had a brother who also exhibited clearly sadistic tendencies: the one liked to whip women until they cried out with pain; the other had a passion for ejaculating into the faces of women, and experienced a lively satisfaction when this act made them weep. Krafft-Ebing gives another case of hereditary sadism: one of his patients was seized with genital excitement when he saw hens killed, and his father had the singular passion of

violently squeezing the hands of young women and girls with cords.

The *erotic dreams* of sadists also show clearly how deeply *rooted* this inclination is. A *cutter of girls* in Augsburg, whose case Demme reported to Krafft-Ebing, had pollutions under the influence of dreams in which he saw girls wounded, etc. The dreams of sadists are analogous to those of inverts and of fetichists; they reveal the *real sexual personality* of the invert.

Sadism as a stigma of degeneracy presents clearly in its manifestations the character of the periodic syndromes of hereditary degenerates: *the sadistic act is an impulsive obsession.* Verzeni, when he was committing his sadistic crimes, no longer knew himself and no longer saw or heard anything about him; *he was dominated by his sadistic madness.* The act accomplished, he experienced *great satisfaction* and a certain feeling of well-being. This impulsive, obsessive characteristic is well indicated by Magnan in the case of the buttock pricker of which we spoke above.

The pricker of girls of Bozen, whom we have already cited, gave as the reason for the acts with which he was charged, a sexual inclination carried to the point of frenzy, from which he found no relief except through the idea or the act of pricking women. This inclination had obsessed him for entire days, and the trouble ceased only when he yielded to his obsession: then relief replaced the obsessive and impulsive agony.

You will doubtless recall the sadist cited by Garnier, who turned his fury against himself for lack of something better, and cut a piece of skin from his forearm and ate it; he acted thus at the height of his *obsession* and in order to free himself from the *impulsive madness* that dominated him.

At times the sadistic impulse, which is latent or restrained when the individual is in a normal state, bursts forth when he is in a pathological state, as after *alcoholic excesses,* for example. We have seen a similar occurrence in the case of impulsive exhibitionism. An individual of whom Tarnowsky speaks was normal when he had not been drinking, but when in a state of intoxication he was obliged to wound the woman on

the buttocks and see her blood flow in order to get an ejaculation and complete satisfaction.

Let us now examine the *relations between the sadistic act and sexual satisfaction.* Up to the present we have avoided noting these interesting relations; it is time to take them up. The statement of the case is contained in the definition that we have already given: the sadistic act is always *necessary,* at times even *sufficient* for the sexual enjoyment of the sadistic pervert. Hence there are two groups of sadistic acts: some *precede, accompany* or *follow coitus;* others *replace* normal sexual relations, serving the pervert as *an equivalent for them.*

1. In the first category are arranged those cases of which that cited by Brierre de Boismont is the type. In order to secure the erection necessary for coitus, the captain in question had leeches applied to the genital organs of his mistress; at the sight of the blood that flowed, he had an erection and could then consummate the sexual act; the sadistic act was in this case, and is in analogous cases, *a necessary preliminary excitant.*

In other cases the sadistic act *accompanies* or *follows* coitus. Without its assistance the subject would not get sexual satisfaction; it is the *necessary adjuvant.* It is like the case of the fetichist, who cannot succeed in consummating coitus in the absence of his fetich.

It is here that we must place certain sadistic crimes in which rape (*vaginal* or *anal*),—the first sadistic act,—is accompanied by tortures inflicted on the victim, tortures that may culminate in assassination and sometimes in the mutilation of the cadaver. The sexual act has not given genital satisfaction, and the sadistic impulse has intervened, urging the subject to commit acts that are more grave and more monstrous according to the strength of the impulse and the delay of sexual enjoyment.

2. Still more interesting are the cases in which the sadistic act is the equivalent of normal relations, which it entirely replaces, cases in which it is at once necessary and adequate to afford sexual enjoyment. Are they more numerous than those in the first category? That is hard to say. It is certain, in any case, that this category includes sadists of every sort:

symbolical sadists as well as defilers of women, flagellators, prickers of girls and the great sadistic criminals (assassins, mutilators, and anthropophagists). All the sadists in this group look with profound horror on sexual intercourse. Some have tried it, but they have never succeeded except through *stimulating their imaginations by calling up sadistic scenes,* and fatigued and disgusted, they have abandoned it. To others the idea of touching a woman has never occurred in their lives. For all of them, *the sadistic act suffices;* it affords them full enjoyment, and they stick strictly to it.

The history of Verzeni, that prototype of the great sadist, is very clear in this respect. His sadism awoke in a precocious way, and he was always a complete stranger to sexual inclinations. He had two mistresses (?), but he was content to look at them. He was a habitual masturbator, but masturbation never afforded him the *intensely voluptuous* sensation that he experienced in the sadistic act.

The accomplishment of his crimes procured him an extremely agreeable, voluptuous sensation accompanied by erection and ejaculation. It mattered little to him whether the woman was old or young, ugly or beautiful; *scarcely had he touched his victim on the neck before he felt sexual sensations.* If the *enjoyment was quick* he left his victim *alive;* if, on the contrary, it was slow, he carried strangulation *to the limit.* He also experienced a singularly voluptuous sensation in mutilating his victim, in biting her and sucking her blood. The idea never came to him of touching the genital organs of his victims, or of raping them: to strangle them and drink their blood gave him complete sexual satisfaction.

Gruyo, the Spanish sadist of whom we have spoken, a *strangler* and *mutilator* of women, began by adding monstrous sadistic crimes to coitus; but he soon became impotent, and found sexual satisfaction in sadistic crimes alone. MacDonald has reported the case of an individual of thirty-three years who was executed for killing a woman. He admitted, in his full confession, several other similar crimes: he killed his victims with blows, and thus, *without touching their sexual organs,* procured enjoyment reaching the point of ejaculation.[3]

[3] Cited by H. Coutagne, *Annales méd. psych.,* 1893, p. 87.

From the great sadists let us now come to the lesser perverts: prickers of girls, flagellators, etc. . . .; examples of complete sexual satisfaction due to the sadistic act alone are not lacking. The Leipsic pricker of girls (Wharton), at the moment when he wounded the girls had an ejaculation, and this act served him as an absolute equivalent for coitus.

Moll's flagellator, whose sadistic instinct awoke at seven years of age, who masturbated while calling to mind the image of naked women being beaten on the buttocks, was totally impotent when, on becoming adolescent, he tried to practise normal relations. He then practised flagellating women, which procured him erection and ejaculation without vaginal intromission, etc. It seems useless to multiply examples: they abound in every degree of sadism.

All sadists do not perform acts, as we know. What, then, is the relation between the sadistic imagination and sexual satisfaction in the *idcal sadist?* The rule is simple and is an adaptation of the general rule to the particular case. Some practise coitus; but in order to get complete satisfaction in it, they must call up the image of their favorite sadistic scene. Others have a horror of coitus, and experience erection and ejaculation merely from the sadistic mental image, or else they masturbate while thinking of some sadistic scene.

In closing this rapid study of sadism directed against human beings, we must emphasize the ***medicolegal importance*** of this perversion, in which we encounter both the most ***frightful crimes on record*** as well as a mass of peculiar misdemeanors, sometimes serious enough, such as those wounds inflicted repeatedly by an individual apparently sane, on women met by chance in the street.

Sadistic Acts Committed on Animals.

If you will substitute in the definition that we have given above for sadism directed against human beings, the words *against animals,* for the words *against a human being,* you will have the definition of sadism directed against animals. In reality sadism is a *unity:* it consists in the sexual enjoyment

that is found in the suffering that a person inflicts or sees inflicted on a *living being,* and it is only for convenience in description that we have separated the act committed on human beings from the act committed on other animals.

We have already indicated the profound, the intimate relation that unites the two varieties of sadism by describing how Verzeni began his sadistic career on animals and ended on human beings. And Verzeni is not the only example that could be found of the union of the two forms of sadism in one and the same individual. The description of sadism directed against animals is point for point the same as that of sadism that takes human beings for its victims. It, too, develops on a basis of hereditary degeneracy, ordinarily congenital, manifesting itself precociously and exhibiting the distinct characteristics of an impulsive obsession.

Take, for example, C. L——, one of Krafft-Ebing's subjects. He is intelligent and occupies a high position. His father was an alcoholic and his mother had convulsive attacks of hysteria. C. L—— recalls that *when still a child* he greatly enjoyed seeing domestic animals killed, especially *pigs.* At this sight he had very pronounced voluptuous sensations and *ejaculation.* Later he used to frequent the abattoirs to enjoy the sight of blood being shed and of animals struggling in the last agony. Whenever the opportunity occurred, he would kill an animal himself, and this always gave him a feeling that *supplemented the sexual pleasure.*

The sadists whom we are studying here are not all active, just as in the case of the sadists whose abnormal inclination is directed against human beings. Some are *passive* or *ideal* sadists. They derive sadistic pleasure either from seeing, by *chance* or through *deliberate planning,* animals tortured or killed, or else from *calling up the mental image* of scenes of torture and of massacres in which animals come into play. Others are active sadists; they themselves torture animals and like to shed blood.

And just as active sadists whose cruelty is directed against human beings, have each one his favorite kind of sadistic act, —criminal, wicked or merely symbolical,—so we see among

animal sadists, that each subject *has his specialty;* his cruelty is directed by preference against some particular species of animal and he prefers some special mode of operation. Thus one sadist tortures only birds, and special kinds of birds at that; another kills rabbits, etc. It is to be noted, however, that in practice, the operative field of the animal sadists is rather restricted, and that the animals of the backyard, dogs and cats, are almost the only ones against which the cruelty of these perverts may be directed. But it is none the less true that in this limited field each sadist ordinarily makes his choice.

The *relations* of the animal sadistic act to *sexual enjoyment* are already known to you by the description that we have given of these relations in sadism directed against human beings. Sometimes the sadistic act precedes, accompanies or follows a normal relation of which it is thus a *preparatory excitant* or *necessary adjuvant.* Sometimes it is *equivalent to coitus* and the sadist is *impotent.*

The following case, cited by Hofmann, is an example of the first group: There lived at Vienna an individual who, *before performing the act of coitus,* was accustomed to excite himself by torturing and killing hens, pigeons and other birds. In consequence of this habit the prostitutes who witnessed these acts called him *"the hen man."*

The two following cases are examples of the type in which the sadistic act is equivalent to coitus. The first is taken from Pascal's *Igiene dell'Amore;* the second is one of my own cases:—

An individual used to go to prostitutes' houses, had live hens and rabbits purchased, and demanded that these animals should be tortured in his presence. He made them tear out the eyes and the entrails, and in this way experienced sexual enjoyment without having any relation with the women.

An individual went to a bawdy house in Paris and there asked for a woman and a rabbit. He shut himself up with the woman, made her hold the animal's feet, and drawing a knife from his pocket said these very characteristic words: "I am Jack the ripper!" With a stroke of the knife he divided the belly of the animal, and thrusting his

fingers into the bleeding chest, experienced complete sexual enjoyment.

We have said enough concerning animal sadism. Is it, as Krafft-Ebing insinuates, only a makeshift for individuals with a congenital sadistic inclination, who, "recoiling from a crime committed on human beings, or who merely wish to see *some living being* suffer, have recourse to these acts that have no legal consequences and are always easy to execute"? It seems, indeed, on the contrary, after reading cases, that sadism is often directed at the beginning in some particular direction: suffering, and *particular suffering,* in some well-defined living being. It will be recalled that we have already seen this early, precocious specilization in fetichism.

MASOCHISM.

The study of *Masochism* very naturally comes after that of *sadism,* of which it is the exact opposite, as we shall see. But masochism, so interesting as a perversion of the genital instinct, has really no medicolegal interest. For that reason we will take the liberty of making our study of it very brief; we will give only the facts that are strictly necessary.

To enjoy being, either *in reality* or in *imagination,* humiliated, harshly treated, or tortured even, by a woman, and to experience from the *real* or *imaginary* suffering that is inflicted upon one a voluptuous sensation that sometimes constitutes a *complementary stimulus* for normal enjoyment, and sometimes *replaces* that enjoyment, to which it is *equivalent:* that is Masochism.

This word, masochism, was invented by Krafft-Ebing, who has made such a remarkable study of this perversion. Krafft-Ebing made the word from the name of a German novelist, Sacher Masoch, who made this anomaly the favorite theme of his novels. Masochism,—like fetichism and sadism,—is almost exclusively a *male characteristic,* and like all perversions of the genital instinct is developed on a *basis* of *degeneracy* ordinarily inherited. Masochism is always *heterosexual:* the masochist submits to tortures inflicted by women, or dreams that he submits to them with pleasure.

From consulting the number of examples and autobiographies collected by Krafft-Ebing, it certainly seems that masochism is rather frequent. Like all the sexual perversions based on hereditary degeneracy, masochism is *innate* in the subject and is revealed with astonishing *precocity;* it is aroused either *spontaneously,* or under the influence of some *chance cause.*

"Long before puberty," says one of Krafft-Ebing's subjects, "my thoughts were occupied with relations with the female sex. But the relations in which I imagined myself with the other sex were of a very strange sort. I imagined that I was in prison and delivered over to the absolute power of a woman, and that this woman took advantage of her power to inflict all sorts of penalties and tortures on me. In this connection blows and flagellations played a great rôle in my imagination, as well as other acts and other situations, all of which masked a condition of servitude and of submission."

The well-known case of J.-J. Rousseau is a typical awakening of masochism through a chance cause. The punishments that Miss Lambercier inflicted on him caused him as a child a strangely voluptuous sensation: "I found," he says, "even in the shame a mixture of sensuality, and more desire than fear of experiencing it again from the same hand." Miss Lambercier was not slow in perceiving "by some sign that the punishment was not accomplishing its object," and she had to give it up. It was Rousseau also who wrote these very characteristic lines of the feelings of his later sexual life: "To be at the feet of an imperious mistress, to obey her orders, and to be obliged to ask pardon of her, these for me were very sweet pleasures . . ., etc."

The existence of masochism, which was very clearly congenital, in Rousseau, may serve again to verify the law that we formulated above concerning the breaking out of the inversion on the basis of degeneracy; if there ever existed a perfect type of the *superior* degenerate, it was most assuredly Rousseau, unbalanced, almost a *moral fool,* and at the same time a writer of genius. A word now on the sexual life of

masochists. It is not always of the same type, and it is desirable here to make some schematic groups:—

(*a*) Some masochists never have normal sexual relations: they experience complete repugnance for sexual contact with women, and are absolutely impotent toward them. Their *ideal masochistic fictions,* that is to say, the masochistic scenes their imaginations fabricate and present to them, suffice to give them an erection and even ejaculation. If the orgasm is not complete through the mere fact of the masochistic idea, they find the necessary adjuvant in masturbation. For this category of masochists, the masochistic imagination is equivalent to coitus.

(*b*) Other masochists are apparently potent and normal; they practise coitus, but in reality they perform only a *masochistic* coitus, for it is by stimulating their imaginations through conjuring up masochistic scenes that they obtain an erection and ejaculation in their relations with women, *who are really of no account to them,* but merely the *chance beneficiary* of the pervert's venereal orgasm, and not the person *destined* for it.

(*c*) Finally the masochists of the third group pass from dreams to reality, and put their favorite masochistic scene into action so as to obtain with women the sexual potency and enjoyment that is obtained so well by ideal masochism.

Real masochistic scenes vary much, but the field is naturally limited. In his imagination the masochist can, in fact, give free course to his inventions, and make himself the martyr of scenes of profound humiliation or of atrocious tortures; when he comes to reality, however, he can only submit to humiliations and tortures of slight gravity, for masochism does not exclude the natural instinct of self-preservation, and besides, the ordinary place for putting masochistic scenes into action is the bawdy house, and a masochist who would try to carry things too far and to too serious consequences would naturally meet with an absolute refusal.

What are, then, the principal practices of active masochism? The most common is *flagellation,* which masochists cause to be inflicted upon themselves. Passive flagellation is a rather widespread practice in the world of debauchery; but we must distinguish masochistic flagellation from that

which certain vicious old men cause to have administered to themselves in order to arouse their extinguished sensations. Another practice for the masochist consists in having someone tread on him, and humiliate him in various ways, which are often entirely symbolical, however . . . etc.

It does not always happen that this masochistic *comedy* corresponds in all cases to the hopes of the unfortunate who has conceived it according to his dreams, which always have so much power over him, and more than one, after having been present at the whole scene without a desire and without an erection, flees in shame and falls back upon his ideal masochism from which he never departs.

Others, more fortunate, find in the actual scene, the necessary excitement for coitus, which they can then consummate; while still others find in it, not an excitement, but complete satisfaction; in the presence of the masochistic reality, as in their dreams, they have an erection and an ejaculation, without any need whatever of adding sexual contact with a woman.

Such is the greatly abridged history of masochism, which we did not wish to pass in silence. In closing we may add this fact, which you have already divined, that masochism may be combined and in fact is combined in some subjects with other perversions of the genital instinct: fetichism and sadism for example.

CHAPTER XIX.

BESTIALITY—NECROPHILIA—NYMPHOMANIA—SATYRIASIS—EROTOMANIA.

Bestiality.

Bestiality is in a large number of cases a function of degeneracy: it has all the characteristics of the perversions of degenerates.

Necrophilia.

Definition.—There are several degrees from the platonic love of cadavers to sexual relations and the most horrible profanations of the body.—The historical case of Sergeant Bertrand.

Necrophilia is not a morbid entity: some cases attributed to it are truly sadistic, while others belong to fetichism.

Necrophilists are for the most part degenerates.

Nymphomania.

Classical nymphomania includes the most widely different cases.—Attempt at a classification.—Study of the nymphomania of degenerates.—Nymphomania in legal medicine.

Satyriasis.

A clear study is difficult at the present moment, and a revision of the facts published under this term is necessary.

Erotomania.

Definition and brief study.

BESTIALITY.

It will be recalled that in the chapters devoted to public offenses against decency we described bestiality as a material fact. We must now look at it as a *perversion of the genital instinct:* in fact it is nothing else, we cannot say *in all cases,* but certainly in a *great number of them.* It is, then, a *morbid phenomenon,* a perversion fashioned on the model of all those that we have studied up to the present, and that is dominated like the others by two major characteristics, which suffice to classify it; it arises on a basis of *hereditary degeneracy,* and it manifests itself in the form of an *impulsive obsession,* as a true periodic syndrome of degeneracy. We will rapidly bring out these two great characteristics.

The following case was reported by Kowalewsky and borrowed from him by Krafft-Ebing; it is a typical case of an individual who always had a horror of women; he once wanted to try normal coitus but could not succeed because of his *absolute impotence toward women.* The sole manifestation of his genital life was coitus with animals: hens, ducks, horses, cows; and it was at seventeen years of age that the abnormal instinct awoke in him.

This is clearly a case of a perversion of the genital instinct, in which the inclination for animals has entirely replaced the inclination for women, in which coitus with animals is equivalent to normal coitus, which the patient is absolutely incapable of performing. Now what was this unfortunate worth mentally? His father and mother were alcoholics, and since five years of age he has had epileptic vertigo, followed by brief attacks of ambulatory automatism. He was, besides, a mystic!

The two following cases will show clearly the *impulsive character* of the act of bestiality. They have some other interesting features. In the first case we shall find physical and psychical stigmata of degeneracy,—the patient is a *weakling,*—absolute aversion for women, and the equivalent of normal relations found in masturbation and animal coitus. In the second we should note the precocious outbreak of the perversion (at nine years of age) and its revival in adult life through the influence of *alcoholic excesses,* a common feature of all perversions studied up to the present:—

"A young peasant was brought to us by his employer for consultation at the out-patient clinic at Saint-Anne's. His work is that of a farmer. We have found both *physical and moral imperfections.* He is short, the trunk is slightly asymmetrical but without marked deformity; the cranium exhibits an abnormal flattening of the right frontal and temporal bony projection, hence a very distinct facial asymmetry; the palatine vault is pointed and the teeth carious.

"For a long time he has been addicted to masturbation, and he has always been gloomy and apathetic in character: he seeks solitude, avoids his companions and takes no part whatever in their sports. Rather often he gets excited and

becomes violent. A simple reprimand from his employer provokes an attack of senseless anger. In a case of this sort after an attack of anger, he made a broad deep cut in his left hand with a piece of glass, of which he still has the cicatrix. Another important stigma from the psychic point of view is his weakness of intellect, his mental feebleness.

"I now come to the act. The following is the medical certificate that has been sent to us on his case: The said X—— indulges in acts contrary to nature on animals. Last February, his employer observed 'that one of his female rabbits was torn open,' in consequence of the acts in which he had indulged on her. Shortly after, he perceived likewise that his dog was growing thin under extraordinary conditions. Finally fifteen days ago, he lost three more rabbits, and the autopsy established that the said X—— had had relations with them.

"There are two very distinct tendencies in the acts of bestiality in our subject. Sometimes he pollutes the animals; sometimes he goes further and consummates the venereal act; however, of the two varieties of impulsions, the second is the more frequent. While to satisfy the first he takes the first animal that comes to hand, for the second, *rabbits alone excite him;* he is absolutely frigid toward other animals.

"At nightfall he goes toward the loft where his employer's rabbits are housed; he seizes a rabbit, kisses it madly, presses it against his body, and in some cases performs coitus. The number of his victims is great, for the disproportion in size of the organs almost always produces the death of the female. The sight of the rabbit and contact with her kindle his desires.

"It is important to note the way in which the attack comes on. He experiences great *malaise,* a *special discomfort,* an *atrocious pain in the head,* and it seems as if some one were hammering his cranium with blows from big stones. When once he has accomplished the satisfaction of his need, he experiences a *cessation, he feels relieved.* Reason resumes its sway and he remains tranquil until a new impulse develops and leads him to perform the same act.

"The crisis is further marked by *distress, cold sweats* and palpitation of the heart; his legs bend under him, and it is then that he *succumbs,* and almost immediately returns to his normal state. Ordinarily he is *completely indifferent* to women; he never concerns himself with them for the satisfaction of a venereal desire" (Ball).[1]

The *second case* is taken from an interesting memoir by Boissier and Lachaux, inserted in the volume for 1893 of the *Archives de Neurologie.* Jules I—— is thirty-five years old; his *father* was a *drunkard,* his *mother* was very *peculiar.* . . . *"During childhood* and on several occasions since, he has been tormented with an incomprehensible desire to have intercourse with animals; at *nine years of age,* being alone in a stable, he had sexual relations with a hen; at thirteen with a heifer; finally, at seventeen, with a she-ass. Later he had connection with women." At twenty he married. He seemed cured and resisted his temptations toward bestiality. But at twenty-seven he *drank;* the evil then began again in all its violence and floored him one day under the following circumstances:—

"The patient had to take one of his she-goats to the he-goat in a neighboring village; he had put her in a cart, which he drove himself, seated on a board. The presence of this goat going to the male caused him a vague uneasiness augmented by the solitude of the long, deserted road, and this soon gave place to a furious desire to have relations with this beast. From that moment the desire took on an *unheard of intensity;* he sought at first to throw it off, but the temptation was so frightful that he felt his will-power leaving him. He abandoned the reins and clung to the edge of the wagon so as to resist. The violent beating of his heart shook his whole body; his chest was painfully constricted; *he felt that he was pallid.* To this general disturbance was added *genital excitement:* he had an erection. The situation became absolutely intolerable. At the end of his efforts he lay in the bottom of the wagon and not without difficulty, accomplished his object." The

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[1] B. Ball, *Annales de psychiatrie et d'hypnologie,* 2e année, 1892, No. 1, p. 5.

unfortunate confessed that he had never had so much pleasure in a normal intercourse.

This is enough concerning the *impulsive bestiality of degenerates.* All cases of bestiality certainly do not come into this class, as we have said; there are assuredly some that are to be ascribed to *gross perversity;* that would be *vicious bestiality,* if you will; some of them perhaps are *epileptics* (?). But the type that we have presented is established on *fixed data;* it is *easily recognizable,* and it is of very great interest from the medicolegal point of view.

NECROPHILIA.

The necrophilist, or *lover of the dead,* is sometimes a *platonic* lover, but he also often enters into *sexual relations* with cadavers, and in the highest degree of the aberration indulges in *strange* and *violent* profanations of the dead. This definition embraces all the known facts of necrophilia; it offers no prejudice concerning the nature of the aberration itself, which does not seem to me sufficiently clear as yet on all points.

There occurred at the Paris morgue, several years ago, a series of scandalous acts, which were quickly repressed, and a well-directed surveillance prevented a repetition. A certain number of individuals were discovered, on different occasions, in the act of *masturbating* in front of the glass case where the cadavers are exposed; these are individuals of the sort that we called above *platonic necrophilists.* Let us now have some examples of necrophilists who enter into sexual relations with cadavers:—

"In 1787 at Citeau near Dijon," says Michéa *(Union médicale,* 1849), "one of my grandfathers who was the physician for that celebrated abbey, left the convent one day to go to a cabin in the midst of the woods, to see the wife of a woodcutter, whom he had found dying the night before. The husband was occupied with his rough work far from the cabin, and had to leave his wife, who had no children or relatives or neighbors about her. On opening the door of the place, my grandfather was struck by a monstrous sight: a mendicant monk was performing the act of coitus on the body of the woman, who was then merely a cadaver."

Brierre de Boismont *(Gazette médicale,* 1849, July 21st) relates the history of a necrophilist who, after having corrupted the watchers, entered the death chamber where the body of a girl of sixteen was lying, the daughter of a very distinguished family. During the night they heard a noise in the death chamber similar to the noise of an overturned chair. The mother of the deceased young girl entered the room and saw a man in his shirt who had just jumped from the death bed. At first he was taken for a robber, but soon they perceived what he really was. It was learned that this necrophilist, son of a family of rank, had already often violated the cadavers of young women. He was sentenced to hard labor for life.

Bédier, of Troyes, has told the following case, which we take, in summary, from P. Moreau[2]: *An imbecile, twenty-seven years old,* subject to attacks of *periodic mania,* committed an attempt at rape on a young peasant girl in the presence of five or six persons, and as a result of this act he had to be shut up at the Troyes Hospital, where he indulged in monstrous acts of necrophilia. Escaping the guards, he got into the death-room when he knew that the body of a woman had just been placed there, and violated the cadaver. He boasted publicly of these acts and *did not appear to comprehend the seriousness of them,* and confessed them cynically to the director of the establishment. From that moment they took measures to make it impossible for this man to repeat his profanations; but he displayed an instinct for cunning that made him triumph over all obstacles. He stole the key that opened the death room and continued his practices up to the day when he was placed in an insane asylum.

The following is a celebrated case, that of *Sergeant Bertrand, who disinterred, profaned, and mutilated cadavers.* He was studied by Marchal de Calvi and by Michéa, and all the special treatises (Tardieu, Legrand du Saulle, etc.) have since reported it in detail. It is so typical that despite its length I do not hesitate to borrow it in its entirety from Tardieu; it is, besides, necessary that you should be well acquainted with

[2] *Aberrations du sens génésique,* Paris, 1887, p. 250 *et seq.*

the details, for they will serve us in a moment for discussing the nature of necrophilia.

Extract from the autographic manuscript of the said Bertrand, who disinterred cadavers: "I began to masturbate *at a very tender age* without knowing what I was doing; I did not conceal myself from anyone. It was not until the age of eight or nine that I began to think of women, but this passion did not become really strong until the age of thirteen or fourteen. Then I no longer knew any bounds, and I masturbated up to seven or eight times a day; the mere sight of a feminine garment excited me. When masturbating I transported myself in *imagination* into a room where there were women at my disposal; there, *after having assuaged my passion on them and after having tormented them in every possible way and manner, I imagined them dead, and I performed all sorts of profanities on their cadavers.* At other times the desire came to me of mutilating the cadavers of men also, but very rarely; I felt repugnance for it.

"Seeing that it was impossible for me to have human bodies, I sought out the *dead bodies of animals, which I mutilated as I later mutilated those of women or men.* I cut open their bellies, and after having torn out the entrails, I masturbated while looking at them, after which I withdrew, ashamed of my act and promising myself that I would never begin it again, but the passion was stronger than my will. Under these circumstances I experienced an extreme pleasure, an enjoyment that I cannot define, and to make it last longer I masturbated slowly so as to delay as long as possible the emission of semen.

"I have mutilated animals from the horse to the smallest animals such as cats and little dogs, etc. When I came to the camp of Villette in 1844, I did not delay going to the Saint-Denis canal to take out animals that had been drowned, dogs, sheep, etc., so as to treat them in the same manner as those of which I spoke above.

"In 1846 I was *no longer satisfied with dead animals; I had to have living ones.* At the camp of Villette as in all barracks, there were many dogs, which, belonging to no one, followed the soldiers indiscriminately. I resolved to take some of these dogs into the country and kill them; *this I did, in fact,*

three times; I tore out their entrails as on dead animals, and I experienced as much pleasure as with the latter.

"It was not until the end of 1845 that the idea *came to me of disinterring cadavers.* The ease with which this could be done in the common grave in the East Cemetery gave me this idea, but I did not put it into execution, for fear still held me back. At the beginning of 1847, my regiment having gone to Tours, my company was sent to the little village of Bléré. It was there that I committed *my first violation of the sepulchre* under the following circumstances:—

"It was noon; having gone for a walk in the country with one of my friends, curiosity made me enter the cemetery, which was near our way (this took place toward the end of the month of February); a person had been interred the night before; the grave diggers, according to what was told me the next day, having been interrupted by the rain, had not been able to finish filling up the grave, and had further left their tools beside it. At this sight the blackest ideas came to me; I had a violent headache, my heart beat violently and I was no longer master of myself. I invented a reason for returning at once to the town; having gotten rid of my companion, I returned to the cemetery, and paying no attention to the laborers who were working on the vines that adjoined the cemetry, I seized a shovel and began to dig out the grave with an activity of which I should have been incapable at any other moment. I had already drawn out the dead body, and finding that I was not provided with any cutting instrument to mutilate it, I began to strike it with the shovel that I held in my hand, with a fierceness that I am still unable to explain, when a laborer who was working near by, was attracted by the noise that I was making, and came to the gate of the cemetery. When I saw him I lay down in the grave beside the body and remained there several instants. The laborer having gone off to notify the town authorities, I profited by that moment to cover up the body with earth and to leave the cemetery by scaling the wall.

"I was all trembling, and a cold sweat covered my body. I withdrew into a little neighboring wood, where in spite of

the cold rain that had been falling for several hours, I lay down in the midst of the bushes; I remained in this position for three hours, in a state of complete insensibility. When I came out of this drowsiness, my limbs felt bruised, and my head was very weak. The same thing happened to me later after each attack of madness.

"Two days later I returned to the cemetery of Bléré, not at noon again, but in the middle of the night, when it was raining. This time, having found no tools, I hollowed out the grave with my hands; they were bleeding, but nothing could stop me and I felt no pain. Not being able to uncover anything except the lower portion of the body, I cut that in pieces and then filled up the grave in the same way that it had been hollowed out.

"Having returned to Tours at the beginning of the month of March, it was not long before I experienced a desire to disinter bodies. I went for that purpose to the cemetery of that village one evening, but having recognized the impossibility of carrying out my resolution, I withdrew and never returned there.

"This state of affairs lasted through the months of March, April and May. Having returned to Paris at the end of May, the trouble very soon made itself felt anew. Having let myself wander one day to the cemetery of Père-Lachaise, its solitude pleased me; the ease of getting into it made me resolve to return at night. I entered in fact between 9 and 10 o'clock in the evening by climbing the wall, and walked about for a time, disturbed by the blackest ideas; finally having approached the common grave, I began to disinter a cadaver. The body was that of a woman of about forty years, pretty well preserved; I opened the abdomen, took out the entrails and madly cut them into a thousand pieces, but I committed no indecent act on this woman (June, 1847).

"For a fortnight I went to the cemetery almost every evening. During this space of time I disinterred three or four women whom I treated like the first without indecent assault. After having torn out the entrails from the different cadavers of which I have just spoken and having

mutilated them, I withdrew after having masturbated two or three times on my knees near the cadaver. I masturbated with one hand while with the other I squeezed convulsively some part or other of the cadaver, but more particularly the entrails.

"Having been discovered by two of the cemetery guards, who were on the point of shooting me, I was fortunate enough to get out of the affair by telling them that I had been drunk and had slept in the cemetery until that time. As I had always taken pains to cover up the mutilated bodies, they suspected nothing and let me go.

"The danger that I had just run produced such an impression on me that I no longer thought of returning to a cemetery until the 12th of November of the same year, the day on which I left Paris for Soissons, a town that was the dépôt of my regiment. The difficulty of entering the cemetery of that place still prevented me from yielding to my dismal madness.

"Having arrived at Douai, after the affair of February, I felt the need of mutilating dead bodies. One evening toward the 10th of March I went to the cemetery; it was 9 o'clock and after the tattoo, which beat at 8 o'clock, the soldiers no longer left the village; so to execute my design I found it necessary for me to climb the surrounding wall and to get over a ditch about four meters wide by two deep. These difficulties were not capable of stopping me; after having climbed the wall in a place where it was falling into ruins, I recognized the impossibility of leaping the ditch; I crossed it by swimming, after having thrown my clothes across to the other side. The cold was intense, there was even some ice. No sooner had I entered the cemetery than I began to disinter a young girl who might have been from fifteen to seventeen years of age. This body was *the first on which I indulged in indecent excesses.* I cannot describe what I experienced at that moment; all that is experienced with a *living woman is nothing in comparison.* I kissed this dead woman on all parts of her body, I pressed her against myself as if to break her in two; in a word I lavished on her all the caresses that a passionate lover could on the object of his love. After having played

with this inanimate body for a quarter of an hour, I began to mutilate it and tear out the entrails as on all the other victims of my fury. Afterward I put the body back into the grave, and, having covered it with earth again, I returned to the barracks by the same means employed in going to the cemetery.

"My regiment having been sent to Lille the 15th of March, I exhumed four bodies of women in this last city in the space of one month, and I indulged on these four cadavers in the same excesses as at Douai. Some time later, my company went to form a garrison at Doullens (Somme), whence it did not depart until the 16th of July to return to Paris. Having gone to the cemetery in this town, and not having been able to succeed in digging out a grave, since the hard earth injured my hands so much, I did not go back there again.

"We returned to Paris (July 17, 1848), and the regiment occupied the camp at Ivry. After some days of rest *the trouble took possession of me more violently than ever.* During the night the sentinels were posted very close together and had rigid instructions; but nothing could stop me. I left the camp almost every night to go to the cemetery of Montparnasse, where I indulged in very great excesses.

"The first victim of my madness in this cemetery was a young girl of twelve or thirteen years; her body was all decomposed, but that did not prevent me from profaning it by indecent acts. Finally after having opened the belly and torn out the entrails and having cut up the genital organs, I masturbated again and withdrew. This violation of the sepulchre took place toward the 25th of July, 1848.

"The same profanation took place in the cemetery at Ivry, from the 20th to the 25th of August, and toward the end of the month of September, on the bodies of a little girl of seven years and of a woman of from thirty-eight to forty. I indulged on these two bodies in the same excesses as at Montparnasse, except that I neither tore out nor scattered the entrails: I contented myself with opening the belly. After having mutilated the little girl, I put her back into the grave and covered her up with earth. The woman had been interred for thirteen days.

"From the 25th of July to the end of December, 1848, I only returned twice to the great cemetery of Montparnasse, where it was very difficult to get in. The first time, at midnight, with fine moonlight, I was lucky enough to escape a guard who was walking about armed with a pistol; I left without doing anything. The second time I disinterred a woman of about sixty years of age, and a child of two or three years at the most. After having carried these two cadavers to a tomb somewhat distant from the common grave, I profaned and mutilated that of the woman without touching that of the child.

"All the other profanations of the sepulchre took place in the cemetery of suicides and of the hospitals. The first mutilations in this locality took place on the cadavers of men. *I could not usually induce myself to mutilate a man; if it has sometimes occurred, it was madness at not being able to find women that made me do it.* Then I was content to give them a sabre cut on some part or other of the body. It goes without saying that I experienced no desire to masturbate; it was quite the contrary; I felt great repulsion. It has happened that I have disinterred twelve or thirteen bodies in order to find a woman.

"From the 30th of July to the 6th of November, I disinterred two women and a large number of men; but I mutilated only two of the latter. As for the women, they were from sixty to seventy years of age, and on them I indulged in a new form of mutilation. After having assuaged my brutal passion on their bodies, after having opened the belly and taken out the entrails, I split their mouths, cut their limbs and lacerated the body in every way, an act that I had not committed before. My madness was not satisfied with these horrible acts; I seized the cut limbs, I twisted them, I played with them as a cat plays with her prey; I should like to have been able to destroy them; I had never seen myself in such a state; I ended as usual by masturbation.

"On the 6th of November, at 10 o'clock in the evening, I was on the point of leaping into the cemetery when a shot was fired point-blank at me, but I was not hit. This did not dis-

courage me; I withdrew and lay down some steps from the cemetery on the wet ground; it was very cold; I remained in this position for about two hours, after which I returned to the cemetery where I disinterred a young woman who had been drowned, aged twenty-five or twenty-six, and very well preserved. I treated this woman like the other victims of my madness, and I withdrew after having torn out the entrails, cut up the genital organs and split the left thigh half through. The enjoyment that I experienced with this woman was still greater than what I had experienced at all previous times. Nevertheless I began to get tired of all these violations of the sepulchre, *my malady was no longer so violent,* and I am led to believe that it was approaching its end.

"Between the date of this last violation and the 15th of March, 1849, I returned only twice to the cemetery, once between the 15th and the 20th of December, and again at the beginning of January. And both of these times I was shot at. The first shot, from a distance of three or four paces, pierced like a ball, and passed through the back of my overcoat at the level of the belt. It was bad weather that night and my clothes were soaked with rain; but my madness had to have its course, nothing could stop me. So in spite of the shot that I had just received and the rain that was pouring, I must go across the fields to the cemetery at Ivry. Having reached the cemetery overcome with fatigue, I tried in vain to disinter a body; I was obliged to return to the barracks where I arrived at 3 o'clock in the morning in a deplorable state. The second shot that was fired at me at Montparnasse did not hit me. It would have been very easy for me to break or carry away the traps that were set for me, since several times I disarmed them; but this thought never occurred to me, as these traps did not frighten me. Several times also I met dogs, but they never tried to harm me.

"On March 15, 1849, having left the Luxembourg at 10 o'clock at night to go to a rendezvous that I had made, it was my misfortune to pass near the cemetery of Montparnasse; I was impelled to enter as usual, and it was while scaling the enclosure that I was wounded; I believe that if the trap had

missed me that time, I should never in my life have returned to a cemetery; *however, I am not sure of that.* . . .

"In all my violations of sepulchres, in no case was the act premeditated; when the attack got possession of me, whether at noon or at midnight, I had to go; it was impossible to postpone it."

Necrophilia has a double interest for us, a psychological interest and a medicolegal interest,—it comes into court in fact; but unfortunately it is still not well known. In fact, cases are rare; they are, besides, almost all old cases, and on that account, as we have seen, they lack for the most part those details that we require today. So it is equally difficult to catalogue necrophilia clearly and to classify necrophilists as we classify exhibitionists.

What are necrophilists? Sometimes they are assuredly simply *perverse* individuals, but it is certain also that there are *diseased* individuals, *degenerates,* and as a proof we have the case of Sergeant Bertrand, so well observed that we can read it and classify it today without having a single omission to regret. This unfortunate certainly had *cases of mental weakness in his family.*

The perversion of the genital instinct awoke in him in a *precocious* fashion: at nine years of age he dreamed of *sadistic scenes* in which already the mutilation of cadavers had a marked rôle, and from that time he was a furious masturbator; can we not say that this perversion, with its so premature outbreak, was innate in him, like a real taint of degeneracy? Reread the case and see, in short, how this autobiography clearly demonstrates the *impulsive-obsessive* character of perverted acts. Sergeant Bertrand, then, like perverts of the genital instinct, was a degenerate whose dominant stigma was this singular anomaly. And if the cases of necrophilia that are at our disposal were less fragmentary, we should doubtless have less difficulty in demonstrating the same thing for a certain number of them.

Thus we can, I believe, establish two distinct categories in necrophilia: vicious necrophilia, and morbid necrophilia, the latter a perversion of degenerates. But does this morbid necrophilia deserve to be *classified apart,* like inversion, fetich-

ism, sadism, etc.? I do not think so, and the sole fact that gives it a special physiognomy, the fact that it concerns itself with cadavers, does not seem to me sufficient ground for giving it a separate place by itself, except clinically. The well-recorded cases of necrophilia seem to me to belong either to *sadism* or to *fetichism.*

Krafft-Ebing makes necrophilia a *branch of sadism.* "To the horrible group of assassins through lust, the necrophilists naturally form an appendix," he says; "for in these latter as in the former a sight that in itself *causes horror,* and makes a sane man or a non-degenerate shudder, is accompanied by pleasurable sensations, and so becomes an *impulsion for acts of necrophilia.*"

This combination seems to me in no way justified, at least for the ensemble of cases committed. The case of Sergeant Bertrand can certainly be claimed by sadism. But individuals who come and masturbate before cadavers, those who experience violent genital excitement at the sight or the thought of a funeral ceremony, are they not rather related to *fetichists?* The fetich here is of a special kind; it is the cadaver or the funeral paraphernalia; but it is none the less a fetich, if you are willing, as we said above, to enlarge the group of fetiches and desexualize fetichism.

Above we have seen fetichists of funeral pomp; between them and necrophilists, who are simply *passionate* observers of cadavers, there is only a degree, and these two kinds of perverts belong equally to the great fetich family.

NYMPHOMANIA.

Nymphomania is, to define it in a word, the *exaltation of the genital instinct in women.* Nymphomania (the madness or insanity of the young married woman) has several synonyms: *uteromania, uterine madness, andromania,* whose meaning is easily apparent, but which have not come into use. The same is true of the peculiar word invented by Marc, *aidoiomania,* which means madness or insanity of the parts of shame. Nymphomania is, together with satyriasis and inversion, one of the sexual perversions that have longest been

known, and history supplies us with celebrated and finished types of nymphomaniacs, such as Agrippina and Messalina.

In France, in the xixth century, Esquirol, Marc, Bayard, Louyer-Villermay, Morel, and particularly Trélat in his *Folie lucide,* have left us good clinical studies of nymphomania. Nymphomania is not a morbid entity, it is a syndrome like the majority of the sexual perversions that we have studied up to the present, a syndrome common to more than one morbid state.

This is a very important conception and yet one of which you will scarcely find a trace in the classical studies that we mentioned a moment ago. In cases of nymphomania, however, a clear separation and definite groupings are necessary, and to confound them in a single description, as has long been done, and as Dr. P. Moreau, of Tours, has recently done in his treatise on the *Aberrations of the Genital Instinct,* seems to me not very acceptable today.

In my opinion there is no more resemblance between the various nymphomaniacs than there is between degenerate inverts and vicious inverts, or between degenerate exhibitionists and senile exhibitionists. The classification that I am about to give you is strictly my own; that is the same as saying that it is merely a landmark. It seems to me, however, to include in a satisfactory way the ensemble of the published cases, and it will have the advantage of affording a natural parallel with the groups already established in the course of these chapters in connection with the various perversions.

Let us eliminate first of all what was formerly called *acute* or *accidental nymphomania,* or *nymphomania of genital origin,* that is to say, that produced by cutaneous affections of the genital region in women, by parasites (oxyuris, etc.) of the rectum and of the vulva. This is false nymphomania, which produces a desire for masturbation or for the sexual act, caused by a pruritus of the vulvovaginal region, and some slight care suffices to cure it radically.

True nymphomania is what Foville[3] calls expressly *cere-*

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[3] Art. NYMPHOMANIE in the *Dictionnaire de médecine et de chirurgie pratiques.*

bral nymphomania, so as to show clearly that the seat of the aberration is in the brain. This true nymphomania is met with under various circumstances:—

1. First of all we find it, as has long been recognized, as a *periodic symptom of a psychosis:* general paralysis (especially at its beginning); periodic insanity in the phase of excitement, etc.

It seems unnecessary to cite examples of this variety of nymphomania. It is easily seen that we are concerned here with a simple *transitory* affair. This nymphomania is not a part of the subject's existence; it is equivalent, clinically and etiologically, to the inversion that occurs in the course of periodic insanity, or to the exhibitionism at the beginning of general paralysis. It borrows from the psychosis on which it is grafted certain delirious or unconscious features, which are absolutely characteristic.

A very interesting type of this periodic nymphomania of the psychoses is *senile nymphomania,* that which breaks out in old women with more or less well-marked senile dementia. It will be recalled from our studies of inversion and of exhibitionism that senility is a good field for the development of aberrations of the genital instinct, and it is not at all surprising to meet with nymphomania there.

The special literature of the subject includes some typical cases of senile nymphomania. The two following will serve to fix the facts in mind: The first, cited by Belmer in 1818 and quoted everywhere, concerns a woman who was chaste and modest up to sixty-six years of age, then became terribly indecent. The offer of her fortune was one of *the least ridiculous* methods of seduction that she employed. She was familiar with the most obscene practices to appease the fierceness of her desires.

The second case is taken from the interesting book by Dr. P. Moreau, of Tours. It concerns a woman of seventy-nine years who was in the Salpêtrière hospital. On entering she was in a state of dementia, retaining no recollection of the past. From her very arrival it was noticed that she ran after the men to such an extent that they were obliged to keep her

shut up when the workmen on account of their duties were called into the rooms.

Her conversation was marked by the most profound erotic delirium. Protestations of love, proposals of all sorts, obscene words, illicit manipulations that they had the greatest difficulty in repressing, such were the characteristic features of this delirium. She died of cerebral hemorrhage one year after her admission to the hospital.

2. The following is another variety of nymphomania of which I have met some striking examples and typically uniform: the subject is suddenly seized by an extremely violent attack of nymphomania, accompanied by intense delirium, which results in a few days in death:—

A young nubile girl developed an attack of nymphomania as a result of a marriage that did not take place. Her proposals and songs were cynical, her gestures disgusting and lascivious, and the efforts that were made to restrain her increased her excitement. Every moment she sought to escape in a state of complete nudity; the efforts of several vigorous men and the bonds that they applied scarcely succeeded in keeping her in bed and preventing her from throwing herself on individuals of the opposite sex, whom she incited to the venereal act. Her nights were passed in insomnia; her face was red and burning, her tongue dry, her pulse accelerated. After several days this attack resulted in death. (P. Moreau, of Tours, from Bonnat.)

At the autopsy they found the ovaries covered with cysts, but this does not seem to us a sufficient explanation for the nymphomaniac phenomena. Louyer-Villermay has reported a case whose features clearly recall the preceding:—

A girl of thirty, gloomy and taciturn in character, but whose conduct and feelings were above reproach, was suddenly seized one day with an attack of nymphomania; she made the most lascivious, the most obscene proposals; threw herself on the guard whom they had placed over her, urging him in ardent terms to satisfy her desires; then she threw herself on the priest who came to see her and begged him to gratify her feelings.

They bound her hands, they exorcised her, they plunged

her into a bath and applied leeches; this treatment secured her a fairly calm night. But the next morning there suddenly came to her a frenzied and furious desire for venereal pleasures; she took off her chemise, got out of bed, went down the stairs, and, throwing herself into the arms of a workman whom she met, she asked him to satisfy her.

They bound her and exorcised her again. For nine hours she was delirious, uttering the most indecent words; then came complete prostration. The pulse became wretched; hiccoughs were noted, a spasmodic laugh and the patient expired in the midst of a cold sweat.

These two cases resemble each other singularly in their onset, their clinical features, their development and their fatal termination. It is, if you will, an attack of acute delirium of nymphomaniac form, and in any case constitutes something very special in the history of nymphomania, as easily distinguishable from the periodic nymphomania of the psychoses,—mentioned above,—as from the chronic nymphomania of degenerates, which we shall now study.

3. The third group, in fact, consists of the *nymphomania of degenerates.* This is by far the most interesting form for us. The characteristics of this variety are as follows: The precocious appearance of the aberration and its persistence during the entire life of the subject; the anomaly is not a periodic phenomenon in the genital life of the subject, it is her genital life itself. The impulsive obsessive character of the morbid manifestation with full consciousness: hereditary taints and personal stigmata of degeneracy in the subject.

In a word, nymphomania in degenerates is fashioned on the type of all the perversions of the genital instinct, on stigmata of mental degeneracy. We will now try to trace the clinical history of this variety: this history I have derived from the cases that I have studied and tried to disentangle from the confused chaos of the *sum total* of nymphomania that authors have described.

The Nymphomania of Degenerates.

Symptoms. — The classical type of this perversion comprises what authors have called *grave nymphomania,* or *great*

nymphomania, together with *slight nymphomania* or *lesser nymphomania.*

Let us first study grave nymphomania. In this variety the subject, dominated by a *paroxysmal, impulsive, irresistible* genital desire, turns to every man in whose presence she finds herself, and seeks to seduce him by her gestures and her proposals, and yields herself to him in order to satisfy or at least appease her sexual need. The *crisis,* besides the lively sensations in the genital organs, is often accompanied by epigastric discomfort, by disquietude and general anxiety, which will disappear only with genital relief.

To accomplish her ends the nymphomaniac stops at nothing. "These patients become enticing, continually putting into play the thousand methods of seduction that they possess: lascivious glances, gracious encouragements, urgent requests, unusual familiarities. . . . Sometimes satiated, they are never satisfied." (Legrand du Saulle, *Les Hystériques,* Paris, 1883.) In a young woman belonging to a family of some importance, nymphomania appeared after her marriage; her husband sent her to the country, and in her retreat there she seduced everyone about her: farmers, domestics, farm-boys, grooms, it mattered little whom provided she could every day appease her ardent sexual desires (Trélat).

A child of fifteen years, also observed by Trélat, used to stand at the window when the crisis seized her and call to all the soldiers whom she saw passing. A number of these unfortunates end by indulging in prostitution so as to procure at their ease the sexual enjoyment whose morbid necessity dominates them. Sandras reports having seen a young woman of very good family whom nymphomania threw progressively into a disorderly life of the lowest prostitution: the unfortunate girl accosted passers in the street and so tried to cure herself, she said. (Cited by P. Moreau.)

We see, then, that the great nymphomaniac is an *active* nymphomaniac; she might be expressly characterized by calling her the nymphomaniac of the *Messaline type.*

To finish the picture there are still two points. These unfortunates at the mere sight of a man and even at the mental image of one, experience the liveliest sexual excitement, an

excitement that often of itself reaches complete orgasm; at other times masturbation intervenes to crown the excitement born of the real or ideal image of a male being. And it should be noted that such crises recur daily and often several times in the same day even.

Finally, we find here the very characteristic symptom of *erotic dreams* in which the image of nude males and of the venereal act pursue these unfortunates even into their sleep and afford them even there sexual excitement and enjoyment.

We now know the chief features of grave nymphomania. The following case, which we take (summarizing it) from Dr. P. Garnier (*La Folie à Paris*, 1890), will serve to fix them in mind. In this interesting history we shall find all the symptoms outlined above: impulsive, irresistible nymphomaniac crises, in the course of which the unfortunate abandons herself to the first comer and leaves his arms appeased but not satisfied; sexual excitement and enjoyment through the mental image of men, erotic dreams, etc.

Henriette S—— is thirty-one years old. From an early age the sight of boys has excited her strangely; she was happy only at a ball when a dancer had his arm about her. She married early, but did not find in conjugal relations sufficient satisfaction for her almost incessant need for coitus. She had many lovers and by her misconduct, which had become notorious, she was the despair of her husband.

Henriette S—— is suddenly seized with an *irresistible need* for the sexual act. She struggles against this desire, but soon overcome, she *goes to the street* and starts in search of a male. Quite apart from the irresistible, impulsive attack, she cannot meet a vigorous and rather well-built man without experiencing the desire for copulation, of which the *idea alone* is sometimes sufficient to produce the venereal spasm; in this way the voluptuous orgasm occurs in her as many as six or seven times in the same day. Often she sees in a dream absolutely naked individuals on her bed, and she takes pleasure in contemplating their nudity. The moment she finds herself alone with a man she cannot resist the necessity of *showing herself nude.*

Beside the great nymphomaniacs of whom we have just

seen a finished type, we now come to lesser nymphomaniacs; beside the *active* nymphomaniac, we now have the *platonic* nymphomaniac. The latter does not manifest her morbid desires outwardly; she is the equivalent of the *platonic* sadist and fetichist. Her desires are no less keen than those of the great nymphomaniac, but she is mistress of them and knows how to content herself,—apart from legitimate relations, which merely deceive her needs for a moment,—by the enjoyment that she experiences, with or without the aid of solitary masturbation, at the sight or mental image of a man.

Bayard, in his thesis on *Uteromania,* has reported the following typical case of a platonic nymphomaniac, a case that we will summarize briefly: Mrs. X—— had experienced from the tenderest age an extraordinary inclination for venereal pleasures. At eight years of age the coupling of animals stimulated her and led her irresistibly to illicit manipulations.

At seventeen she married a vigorous man of thirty-six, from whom she received caresses several times in succession without being satisfied; often even after three connections she sought from lesbian practices the complete relief of her feelings. A statue, a picture, the sight of a man, the simplest contact, a word even, sufficed to excite her violent desires. At night her imagination retraced for her lascivious pictures that acted on her senses with surprising force. Further, her conduct was perfect and she was so reserved that there could be no outward manifestation of these inclinations that made her desolate.

She became a widow with eight children at forty-nine years of age; the menopause had occurred at forty-seven. After two months of absolute continence, her morbid desires assailed her anew with the greatest violence. During her waking hours she had the most libertine thoughts; during the night the most erotic dreams took possession of her mind. Overcome, she yielded two or three times to masturbation, but without finding in it anything but an ephemeral relief. Thus she was able to struggle against her constantly renewed desires without yielding, without abandoning herself to them, so well that no one would have been able to suspect in this woman of perfect con-

duct and reputation the existence of such a perversion of the genital instinct.

Up to the present we have described the classical nymphomaniac. Her morbid love, active or passive, is characterized by being directed toward many objects: all men, all ideal male images excite her. Beside this type there is another less known but not less interesting: this is *exclusive* nymphomaniac love. This love is addressed to only a single person; the following are two curious cases:—

One is that of an active nymphomaniac; the check to her attempts at seduction would certainly not make her a platonic nymphomaniac. One of the most interesting points in this case is the person whom the unfortunate pervert chose, or, rather, to whom she irresistibly yielded as the object of her exclusive love: it was her son! The second case is one of *platonic* nymphomania, and the singular choice, changing successively, of the object of her morbid desire is not one of the least curious features of this history.

Mrs. X——, forty-four years old, was placed in an asylum as a result of an attempted suicide for *unrequited love*. The object of this love was none other than her own son, twenty-three years old, whom she incited to incest by the most lascivious caresses. The account from her son was very expressive on this point:—

"She used to kiss me on the neck and repeat this kiss five or six times. Then at night when I had retired she would come near my bed and pass her hand under the covers on various pretexts. One day she forgot all reserve and seized me by the penis, throwing herself on me and covering me with passionate kisses, speaking to me of her love and begging me to share it. Brutally repulsed she very often returned to the charge in spite of everything. Several times in order to defend myself from her erotic frenzy I had to tear myself violently away, dress and start to depart. At the moment I reached the door she would beg me to remain, promising to control herself. Her resolution kept her calm for several days. Then seized again by an attack she would renew her attempts, take advantage of my sleep, come and uncover me . . . and, no longer restraining herself, she would indulge in manipula-

tions upon me, exciting me with burning words. . . ." Always repulsed and always returning to the charge, this unfortunate woman ended by falling into deep melancholy and made an attempt at suicide, which took her to the asylum. (P. Garnier, *La Folie à Paris.)*

The case of the other nymphomaniac, the platonic one, is due to Drs. Charcot and Magnan. A girl of twenty-nine has, for the past eight years, been "under the influence of nymphomaniac *impulsions* of a special kind; she experiences an *irresistible desire* to cohabit with one of her young nephews. She has five nephews of whom the eldest is thirteen. He was the object of her first desires; the sight of him put her in a state of extreme excitement; she experienced voluptuous sensations which she was impotent to suppress and which were accompanied by sighs, inclinations of the head, rolling of the eyes, blushing and sometimes spasms with vaginal secretions. Later, when he was grown and on the birth of the second brother, it was the latter who became the object of her pathological desires, then finally the third, the fourth, and, at the present time, it is the latest arrival, aged three, with whom her mind is occupied. At times she imagines him nude, standing up, and even thinks she hears him. At table or in public, she fancies herself discovered with the child extended on top of her, etc. . . .

"This patient is very lucid; she is distressed and ashamed of her strange desires. She is quiet, works and keeps busy all day. From time to time she goes out and visits her family so as to try her strength somewhat, but the sight of her nephew always influences her keenly. When at table with the family she sits far from him, but all during the meal she feels spasms, distress in her stomach and a tightness in her throat, and the struggle becomes extremely painful. She *has never yielded* to this perversion."

We shall have finished with the symptoms of nymphomania when we have spoken of *inverted* nymphomania. There is, in fact, beside heterosexual nymphomania, a homosexual nymphomania, just as beside heterosexual fetichism there is a homosexual fetichism. But inverted nymphomania appears to be much rarer than heterosexual nymphomania.

Nymphomaniac inversion has been well observed by classical authors. The following passage, taken from Legrand du Saulle, leaves no doubt on this point: "Nymphomaniacs during their crises," he says, "often seek women and men with equal ardor, and indulge with both in all sorts of amorous practices."

It does not seem to me, however, that the nymphomaniac everywhere and always seeks for women merely as the result of a violent crisis that looks for satisfaction in inverted sexual union when normal union cannot be consummated. In fact the following case, taken from Trélat, shows a well-specialized tendency contrary to nature; the subject in question had besides exhibited previously attacks of the most characteristic heterosexual nymphomania:—

Miss S——, twenty-two years old, who was a patient at the Salpêtrière, made herself conspicuous by her nymphomaniac manners. Her glance was caressing, her words supplicating. She placed herself improperly close to the person with whom she was speaking, and in proportion as the latter withdrew, she would draw nearer until she was told of it more or less rudely.

Her perversion had caused her family the greatest chagrin; she had had numerous liaisons in spite of the surveillance with which she was surrounded, and she had finally tried to *seduce her own father;* this decided them to put her in an asylum. At the asylum she became enamored of one of the service girls in the division where she was. These loves were, however, purely platonic, but not, to be sure, because our nymphomaniac wished them so.

In Tardieu I have found a curious case of a nymphomaniac who was a *pure invert,* to which we have already alluded in a previous chapter (v. Chapter VIII). The case is really full of interest: it concerns in fact a mother whose nymphomaniac love was directed to her own daughter, and to her alone. It is only to be regretted that Tardieu, who has merely given a glimpse here of the nymphomaniac perversion, has not developed this interesting history more fully.

"A woman who was still young had," he says, "under the influence of a *derangement of the imagination that is incom-*

prehensible, deflowered her little girl, only twelve years of age, by introducing her fingers very deeply and on several occasions every day for several years into her sexual organs and into the anus. . . . The guilty passion was betrayed by the very nature of the manipulations and by the circumstances of the act. The child related that it was not rare for her mother to wake her in the middle of the night and indulge upon her in these frenzied acts that sometimes lasted for an entire hour, and during this scene her mother was panting, her face flushed, her look animated, her breast heaving; when she stopped she was bathed in perspiration."

Onset, Course, and Termination.—In the majority of cases nymphomania in degenerates has a precocious onset; like the other perversions of degenerates it is, in fact, *congenital.* At a very tender age, before puberty even, the child lets her embryonic perversion be divined by certain characteristic traits, just as the future invert, the future fetichist, and the future sadist let themselves be divined most often at the very beginning of their lives.

Examples of this precocious onset have already been seen above in the few cases that we have cited, and it would not be difficult to multiply them. We will content ourselves with the following, which is one of the most typical that we know of. It is due to Parent-Duchâtelet:—

A child of eight years, who until that time had been brought up in the country by her grandmother, was taken back to her mother in Paris. During the months that immediately succeeded her return, she did not play like other children of her age, and grew thin. As they suspected that she might be addicted to masturbation, she was questioned, and she replied that ever since she was four years old she had amused herself continually with little boys of from six to twelve years; what made her sad was, that she no longer had the same opportunities, and so she played with herself quite alone.

Remonstrances, caresses, medicines, presents, all were unavailing to make her give up her habits. One day she said that she could indeed cure herself of her little faults if she wished, but that she would never get along without little boys,

and that her whole wish when she was grown up would be to go with men.

Buchan has cited the case of a little girl who was attacked with uterine madness at the age of three years.[4] Many of these future nymphomaniacs are from the tenderest age *passionate, furious masturbators,* whom nothing can cure of their morbid inclination.

Opposite congenital nymphomania we can place retarded nymphomania, which, however, seems to me much rarer. In Trélat may be read the history of a woman whose bearing and conduct had been irreproachable up to her marriage. But from that moment (at twenty-two years of age) she became a most characteristic nymphomaniac; it was she who, having been relegated to the country, seduced all the people about her, whatever their condition. It should be noted that in this subject there were well-marked inherited taints. Other observations mention the appearance of the perversion at a still later period.

The course of nymphomania in degenerates can be summed up in this very simple statement: *the nymphomaniac is born and remains so all her life.* A celebrated case, taken from Trélat, will serve well to develop this statement:—

Mrs. V—— entered the Salpêtrière at the age of sixty-nine. She was noted there from the very beginning for her good conduct and her application to her work. Nothing in the face or the acts of this woman could lead one to suspect the least irregularity; but though perfect in conduct when confined in the asylum, this woman was absolutely incapable of being set at liberty.

All her life, *and even in childhood,* she had sought for men and yielded herself to them. As a young girl she sought to excite them. In character she was most docile, most amiable,

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[4] It would be interesting if we could obtain any data on the relation between nymphomania (as well as some other genital perversions) and precocious sexual development in view of the possible etiology of the latter phenomenon in tumors of the adrenals and the pineal body in some cases. On the pineal body see an article by A. M. Pappenheim, Ueber Geschwülste des Corpus pineale, in Virchow's Arch. f. path. Anat., vol. cc, No. 1, April, 1910.—A. W. W.

most merry, blushing when she was spoken to, and lowering her eyes when in the presence of a number of persons; but as soon as she happened to find herself alone with a young or an old man, or even with a child, she was suddenly transformed; she would raise her skirts and attack with wild energy the one who became the object of her morbid love.

Her parents, in spite of more than one affair, got her married, and her marriage was simply one more scandal. She loved her husband madly, but she loved equally madly every man with whom she succeeded in being alone, and for this object she exercised so much perseverance and cleverness that she got the better of all surveillance and in most cases accomplished her ends. He might be a laborer occupied in working, or a passer-by whom she accosted in the street and got to go home with her on one pretext or another; he might be a young man, a domestic, an apprentice, or a *boy coming from school!* More than once she was beaten and robbed; that did not prevent her from beginning again.

After she had become a *grandmother* she continued the same manner of life; she was now obliged to pay for the homage to which she laid claim, and she worked with indefatigable energy in order to be able to pay for the largest possible number of lovers.

Like the other perversions of degenerates, nymphomania is, then, to be considered most often *incurable.* Its course, however, is not always uniform; it may be interrupted by longer or shorter remissions. The fact has often been noted and, from the observations that I have read, I have received the same impression, that periods of pregnancy are often periods of amelioration and of respite for these unfortunates.

Etiology.—We have described a special group taken from classical nymphomania and bearing the label: ***nymphomania of degenerates.*** We must now justify this classification.

Arguments are not to be sought in old observations, for the heredity of the patients is generally rather badly determined there, though Trélat in his fine clinical description of nymphomania has more than once noted taints in the ancestry of the subjects he studied. That unfortunate who became a

nymphomaniac after her marriage,—whose history we have related above,—had, for example, insanity in her family.

The observations of Charcot and Magnan and of Garnier, which we have cited as we went along, are, on the contrary, as conclusive as possible. Charcot and Magnan's nymphomaniac, who was tormented by her love for her nephews, was born of a mother affected with hysterico-epilepsy and of a father affected with melancholia, who died as the result of acute cerebral affections.

Henriette S——, Dr. Garnier's patient, had a strongly tainted ancestry: her father died of tabes dorsalis; her mother became insane; two uncles and an aunt succumbed to cerebral affections. She herself was of weak intelligence and exhibited that emotional stigma known by the name of *zoophilia.*

Nymphomania may be observed in all degrees of mental degeneracy: it is, if not more frequent, at least more striking at the foot of the ladder, among the *weak-minded,* who know less how to dissimulate than superior degenerates, for they are less conscious of the horror to which their perversion gives rise in society.

Does not the clinical picture alone that we have traced imply clearly in itself the idea of mental taint: irresistible impulsions, complete consciousness and the duration of the perversion that dominates the whole genital life, have we not there the sign of degeneracy?

Nymphomania in Legal Medicine.

Nymphomaniacs often fall under the influence of the law, and the two principal crimes for which they have to answer are *public offenses against decency* and *indecent assaults.*

It will be easily understood how the nymphomaniac makes herself guilty of one or the other of these offenses. In the paroxysm of her crisis the unfortunate, forgetting all reserve, publicly exhibits her genital organs, or even takes off all her garments so as to induce him whom she wishes to seduce to accept her advances, and there we have the public offense against decency consummated. Another does not stop at gestures: she frankly attacks the object of her desires, even

uses force upon him, especially if he is a child, and thus we have the crime of indecent assault.

It was for indecent assault on her daughter that the nymphomaniac whose history, taken from Tardieu, we related above was brought to court; further, no medical examination was made of the subject. It is from Tardieu again that we take the very typical case of public offense against decency that follows; it was committed by a young imbecile affected with nymphomania; it has, besides, been duly attested by the illustrious professor.

A girl, C——, aged fifteen years, and a man, H——, were charged with public offenses against decency. The inquiry revealed the following absolutely characteristic facts:—

C——, very weak-minded, seeks for young boys in the fields and roads; when she meets one she exposes herself to him, shows him her parts and proposes to him to come with her. Then she lies down in a hollow, makes the young boy mount on her and satisfies her passion. The police cite a score of young boys who have been *her victims*.

Her counsel visited her in jail and could get no connected conversation from her. But as soon as he came to speak of the men who had patronized her her eyes grew bright, she looked him full in the face and seemed to take the liveliest pleasure in talking of the acts with which she was accused. This unfortunate was sent by the court to a house of correction until her eighteenth year.

SATYRIASIS.

Satyriasis is for men what nymphomania is for women. But it is impossible, and that by a good deal, to present the history of satyriasis with the same clearness,—schematic, if you will, but that matters little,—as that of nymphomania. The chaos still seems to be impenetrable. The most dissimilar cases are found grouped together by authors under the same heading. We find there cases of acute priapism, like that caused,—very rarely to be sure,—by poisoning with cantharides. We find there, labelled satyriasis, the celebrated cases of *sadism* of Gilles de Rays, of the assassin Léger, etc.; we

find there the so-called cases of *senile salaciousness;* cases of *epileptic satyriasis;* acute mania in the form of satyriasis, somewhat comparable to the acute nymphomania with which we are already acquainted, etc. . . . In short, there is need of light in this whole *caput mortuum* of genital pathology. I have no doubt that degeneracy is to be included among the causes of satyriasis, and a fine observation of extraordinary exaltation of the genital instinct in a child of *nine years,* published by Dr. P. Garnier, seems singularly suggestive in this respect. But I do not wish to venture even for an instant upon ground that is still too unstable. I expect to return to this subject some day better armed. I will confine myself to saying that persons afflicted with satyriasis, like nymphomaniacs, are frequently arraigned for indecent assaults and public offenses against decency; no more than nymphomaniacs are they responsible for the crimes with which they are charged.

EROTOMANIA.

The study of this curious aberration will terminate our review of the perversions of the genital instinct. We shall not stop, however, except a very short time on erotomania, for it has only a very restricted medicolegal side and none, even, if we consider only moral offenses. The knowledge of this perversion is not new, for Esquirol defined it long ago in very precise terms:—

"Erotomania," said he in 1838, "differs essentially from nymphomania and from satyriasis . . .; in erotomania the love is in the head. The victims of nymphomania and of satyriasis are victims of a physical disorder; the erotomaniac is the plaything of his imagination." But remember well this important point: that the erotomaniac may be in love with a living being or with an inanimate object,—such as that Alkidias Phodion, who was stricken with love for the statue of Cupid, by Praxitiles, or such as that individual cited by Magnan, who was in love with a star,—he knew no carnal desires; he is, according to Dr. Garnier's picturesque expression, a *psychic* who hovers in the ideal regions of mystic love. It will readily be understood that these unfortunates do not commit moral offenses.

I close at this point our review of the perversions of the genital instinct. It is doubtless still very incomplete, but I shall be happy if you find that I have fulfilled the very modest object that I assigned myself: to popularize conceptions that are still too little known, and to put you in a position to answer the questions that the court may put to you, by furnishing information based on the latest acquisitions of a science born yesterday, but already in the way of marked progress.

I trust further that we shali some day again take up together these questions, and give them all the breadth and all the development that they merit.

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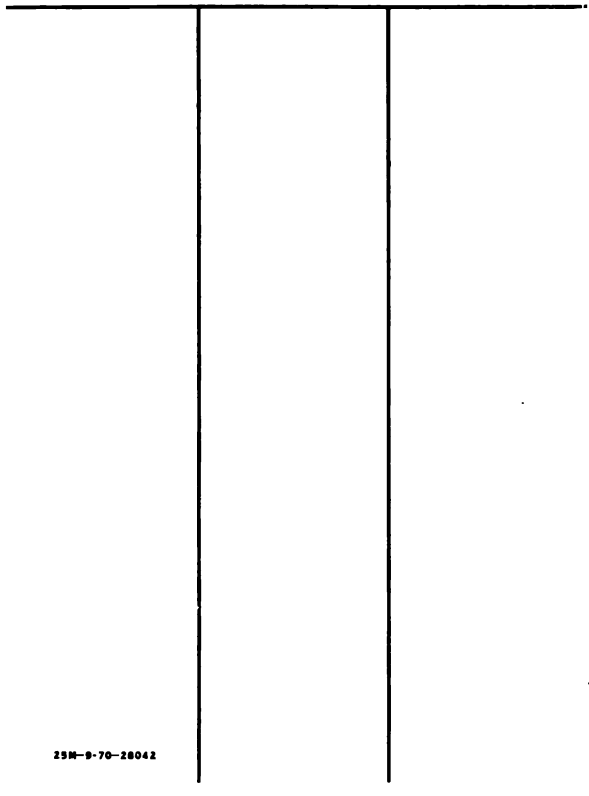

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